

# PREA Facility Audit Report: Final

**Name of Facility:** Upstate Regional Evaluation Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 10/27/2022

**Date Final Report Submitted:** 04/10/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Sonya Love	<b>Date of Signature:</b> 04/10/2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Love, Sonya
<b>Email:</b>	sonya.love57@outlook.com
<b>Start Date of On-Site Audit:</b>	09/23/2022
<b>End Date of On-Site Audit:</b>	09/24/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Upstate Regional Evaluation Center
<b>Facility physical address:</b>	1585 Jonesville Highway , Union , South Carolina - 29379
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Laura Blanton
<b>Email Address:</b>	LauraMBlanton@djj.sc.gov
<b>Telephone Number:</b>	8644248176

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Clayton Garvin
<b>Email Address:</b>	ClaytonMGarvin@djj.sc.gov
<b>Telephone Number:</b>	864-424-8182

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Melanie Barnett
<b>Email Address:</b>	MelanieCBarnett@djj.sc.gov
<b>Telephone Number:</b>	8644248160

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	114
<b>Current population of facility:</b>	50
<b>Average daily population for the past 12 months:</b>	26
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	11-18
<b>Facility security levels/resident custody levels:</b>	Secure Confinement
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	61
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	7
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	0

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	South Carolina Department of Juvenile Justice
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	4900 Broad River Road , Columbia , South Carolina - 29212
<b>Mailing Address:</b>	4900 Broad River Road , Columbia, - 29212
<b>Telephone number:</b>	8038969749

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Executive Director Eden Hendrick
<b>Email Address:</b>	EdenHendrick@djj.sc.gov
<b>Telephone Number:</b>	803896590

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Niaja Kennedy	<b>Email Address:</b>	njkenn@scdjj.net

### **SUMMARY OF AUDIT FINDINGS**

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

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

<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
42	
<b>Number of standards not met:</b>	
1	<ul style="list-style-type: none"> <li>• 115.313 - Supervision and monitoring</li> </ul>

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-09-23
2. End date of the onsite portion of the audit:	2022-09-24

#### 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:	Pee Dee Coalition Against Domestic Violence and Sexual Violence, Dickerson Child Advocacy Center and Dee Norton Child Advocacy Center

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	114
15. Average daily population for the past 12 months:	50
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**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	50
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	2
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>61</p>

<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>
<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>7</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>The PREA Compliance Manager retired before the onsite portion of this PREA Audit. The PREA Coordinator acted as the PREA Compliance Manager. Zero volunteers were present during the onsite portion of this audit. The facility utilizes contract security staff in the control room and gatehouse. Contract security staff do not perform active supervision of residents at Upstate.</p>
<h1 style="text-align: center;">INTERVIEWS</h1>	
<h2 style="text-align: center;">Inmate/Resident/Detainee Interviews</h2>	
<h3 style="text-align: center;">Random Inmate/Resident/Detainee Interviews</h3>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>10</p>



<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>No text provided.</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Resident were sampled from all living units.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>6</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
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<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility tour, spoke with healthcare practitioners in the facility.</p>
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<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>2</p>
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<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility tour, spoke with random staff and intake staffer.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the facility tour, this Auditor informally spoke to the resident population. During resident interviews, this Auditor looked for a resident who was deaf or hard of hearing. During discussions with each health care practitioner, this Auditor inquired about the presence of residents identified as vulnerable based on descriptive language outlined in PREA standards.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Documentation reviewed and resident and health care practitioner's interviews</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility tour, informal conversation, inquired with intake staffer.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>1</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Facility tour and informal interviews.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<h2 style="text-align: center;">Staff, Volunteer, and Contractor Interviews</h2>	
<h3>Random Staff Interviews</h3>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>10</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>

<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>10</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

<p><b>a. Explain why it was not possible to interview the Agency Head:</b></p>	<p>The SCDJJ Agency Head designated the Chief of Staff to be interviewed for this audit. Accordingly, this Auditor interviewed the Chief of Staff.</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" 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><b>a. Explain why it was not possible to interview the PREA Compliance Manager:</b></p>	<p>The PREA Compliance Manager retired shortly before the audit. The PREA Coordinator acted as the PREA Compliance Manager.</p>



**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input checked="" type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

# SITE REVIEW AND DOCUMENTATION SAMPLING

## Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

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

Yes

No

<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>

## Documentation Sampling

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

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

# 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
<b>Inmate-on-inmate sexual abuse</b>	1	0	1	0
<b>Staff-on-inmate sexual abuse</b>	1	1	0	0
<b>Total</b>	2	1	1	0

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	1	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	1	0
<b>Total</b>	0	1	1	0

## Sexual Harassment Investigation Outcomes

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

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

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

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

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

# Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

## Sexual Abuse Investigation Files Selected for Review

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>	2
<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<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)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input 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

<b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<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)
<b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<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)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	None found during this review period.
<b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<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

<b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

## Staff-on-inmate sexual harassment investigation files

<b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

<b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No  <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
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<b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The facility had two incidents of sexual abuse in the past 12-month period. One unfounded allegation and one unsubstantiated allegation. Zero allegations of sexual harassment.
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## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

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

**121. Who paid you to conduct this audit?**

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

## 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.

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>South Carolina Department of Juvenile Justice (SCDJJ) has written policies (Policy 321, Prevention of Sexual Offenses Toward Youth, and Policy 336, Applications of the PREA Standards). The guidelines mandate zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The Auditor verified this by reviewing the written procedure, the South Carolina Department of Juvenile Justice (SCDJJ) organization chart, and interviews with the PREA Coordinator and the PREA Compliance Specialist. Currently, the PREA Coordinator is serving as the Upstate PREA Compliance Manager. The position of PREA Compliance Manager is under consideration. To appoint an individual to the position of PREA Compliance Manager. The PREA Coordinator indicates that she is busy with her responsibilities but looks forward to soon training the next PREA Compliance Manager. The PREA Coordinator position is at the agency hierarchy's upper level. The PREA Coordinator reports to the agency Chief of Staff, who reports to the agency Director. Moreover, during an interview with the PREA Coordinator, she confirmed sufficient time authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. In addition, the PREA Coordinator confirmed that the agency has several juvenile facilities. Reviewing the agency's website, the Auditor determined that the agency conducted PREA audits in 2021 at multiple juvenile facilities per PREA standards.</p> <p><b>The evidence relied upon to make auditor determination:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire Juvenile Facilities</li> <li>• SCDJJ Agency Organizational Chart</li> <li>• Interview with the PREA Coordinator</li> <li>• Review of the SCDJJ's agency PREA Coordinator Job Description</li> <li>• Interview with the PREA Compliance Specialist</li> <li>• Review of the Upstate Organizational Chart</li> <li>• SCDJJ Policy 321 - Policy Prevention of Sexual Offenses Toward Youth</li> <li>• SCDJJ Policy 336 - Application of the PREA Standards - May 6, 2021</li> </ul>

<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.312 (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or renewal the entity's obligation to adopt and comply with the PREA standards. SCDJJ confirmed that they entered into nine contracts. This substandard requires corrective action. All applicable contractors are required to adopt and comply with PREA standards. However, SCDJJ omitted the submission of contractual agreements for review by this Auditor.</p> <p><b>The evidence relied upon to make auditor determination:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• Interview with PREA Coordinator</li> <li>• SCDJJ sample uploads of contracts</li> </ul> <p><b>Corrective Action:</b></p> <ol style="list-style-type: none"> <li>1. SCDJJ will upload a sample contract for review by the Auditor. Any other corrective action is pending after a review of the required documents. The contract agreements initially provided omitted PREA language as required in this standard.</li> <li>2. SCDJJ provided a sample contract for review. The agreement meets standards.</li> </ol>

<b>115.313</b>	<b>Supervision and monitoring</b>
	<p data-bbox="280 188 1129 221"><b>Auditor Overall Determination:</b> Does Not Meet Standard</p> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 624">115.313 (a) SCDJJ, Policy 321 Prevention of Sexual Offenses toward Youth, The South Carolina Department of Juvenile Justice (SCDJJ) has a zero-tolerance standard for youth-on-youth sexual violence or any form of staff sexual harassment or staff sexual misconduct with a youth. SCDJJ staff will promptly respond to and investigate all allegations/reports of sexual violence involving youth and staff sexual harassment of or staff sexual misconduct with youth. It will cooperate with and support prosecuting all responsible parties involved in such conduct.</p> <p data-bbox="280 667 1477 952">SCDJJ Policy 336, Application of the Prison Rape Elimination Act (PREA) Standards, confirmed that the agency has a documented policy that mandates the development and annual review of a facility staffing plan. The staffing plan provides adequate staffing levels. Where applicable, video monitoring to protect residents against sexual abuse confirms that Upstate has 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.</p> <p data-bbox="280 994 1477 1391">According to the Facility Administrator, in calculating adequate staffing levels and determining the need for video monitoring, the Upstate staffing plan considered factors such as: Generally accepted resident detention and correctional/secure residential practices, any judicial finding of inadequacy, any findings of inadequacy from internal or external oversight bodies, components of the facility's physical plant (e.g., blind spots), the composition of the resident population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable State or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and other relevant factors.</p> <p data-bbox="280 1433 1477 1718">115.313 (b) SCDJJ mandates Upstate Evaluation Center to develop and comply with a written and documented staffing plan. The staffing plan is scheduled for review yearly in cooperation with the Facility Administrator and the Agency Standards Manager under SCDJJ Policy 513, Supervision of Youth in Secure Facilities, and the PREA Juvenile Facility Standards. In addition, [PREA Standard(s) §115.313 (a)], each facility's written staffing plan should reflect pursuance to and maintenance of a staffing ratio of 1:8 during waking hours.</p> <p data-bbox="280 1760 1477 2000">115.313 (c) SCDJJ facility standard operating procedures mandate a 1:16 ratio during sleeping hours. [PREA Standard(s) §115.313 (c)]. Each facility documents and log all instances of non-compliance with the staffing ratios, including written corrective action plans. All documentation of non-compliance will be provided to the facility PbS/PREA Coordinator for filing purposes. [PREA Standard(s) §115.313 (c)]. Problematic, absent from evidence, was the UEC staffing plan.</p> <p data-bbox="280 2042 1477 2076">Further, in circumstances where the staffing plan is not complied with, SCDJJ Policy</p>



336, Application of the Prison Elimination Act (PREA) Standards directs a facility to fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios document all deviations from the plan prescribed staff ratios as outlines in this Standard 115.313. During an internal review, the PREA Coordinator and the PREA Compliance Specialist noted the omission and immediately instituted a corrective action plan. The PREA Coordinator and the PREA Compliance Specialist explained the corrective action plan to address Substandard 115.313 (c) in separate interviews and a combined follow-up interview. SCDJJ provided evidence of a review of this specific standard and staff signatures to confirm the re-training. Inclusive in training was a review of SCDJJ Policy 336, the Application of the Prison Elimination Act (PREA) Standards, and an associated form termed SCDJJ DEVIATION FORM STAFFING PLAN. The Auditor will sample additional staffing dates to evaluate substandard 115.313 (c) compliance.

Upstate Evaluation Centers is a secure detention facility. By examination of relevant staffing reports, the Auditor determined that Upstate did not maintain a staffing ratio of a minimum of 1:8 during resident waking hours. Equally problematic, the facility failed to document limited and discrete exigent circumstances during which the facility did not maintain prescribed staff ratios. According to the PREA Coordinator, Upstate is not obligated to maintain the staffing ratios outlined in this paragraph by law, regulation, or judicial consent decree.

115.313 (d) In the past 12 months, the Auditor found no evidence that Upstate, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to the established staffing plan to paragraph (a) of this section. Problematic, the Auditor found the UEC staffing plan absent from evidence and evidence that the PREA Coordinator reviewed the said staffing plan.

In the past 12 months, the Auditor found no evidence that Upstate, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns.

In the past 12 months, the Auditor found no evidence that Upstate, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to the facility's video monitoring systems and other monitoring technologies.

In the past 12 months, the Auditor found no evidence that Upstate, 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 ensuring adherence to the staffing plan.

115.313 (e) Upstate has 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. By examination, the Auditor sampled documentation during facility rounds. SCDJJ Policy 336, Application of the Prison Elimination Act (PREA) Standards, mandates each facility to conduct unannounced night and day shift rounds. SCDJJ Policy 336 also prohibits staff from

alerting other staff members that these supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility.

Noteworthy: SCDJJ continues aggressively hiring and training staff to address deficient staffing ratios, as is evident in the advertising this Auditor found on the agency website and other social media platforms.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- Auditor review of files of unannounced rounds
- Interview with the PREA Coordinator
- Interview with the Facility Administrator
- Interview with the Compliance Manager (retired before the onsite portion of the audit)
- Interview with the PREA Compliance Specialist
- Interviews with staff (random)
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- SCDJJ Policy 336, Application of the Prison Elimination Act (PREA) Standards

**Corrective Action Plan:**

1. The Auditor will monitor the institutionalization of the agency's corrective action plan to address this standard by sampling additional staff rosters. Further, once the PREA Coordinator submits the Upstate staffing plan, the Auditor will review the staffing to determine compliance with Standard 115.313. Further corrective action will be contingent on the evidence provided by the agency to satisfy this standard.
2. The PREA Coordinator provided a staffing plan for Upstate. The staffing plan met the requirements of this standard.
3. In consultation with the agency PREA Coordinator, the Facility Administrator assessed, determined, and documented whether adjustments were needed to the Upstate Staffing Plan. The Auditor was provided with a copy of the staffing plan.
4. The PREA Coordinator provided specific shift reports requested by the Auditor. Upstate documented deviations from the staffing plan on each shift report sampled as directed in SCDJJ. Upstate did not meet mandatory staffing ratios.

<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 667">In OAS 115.315 (a) -1, the facility answers yes to conducting residents' cross-gender strips or visual body cavity searches. During the facility audit, some residents indicated being searched by female custody staff. More, staff interviews with some random custody staff support the information provided by some residents. Upstate is experiencing staff shortages. Therefore, it is plausible that female staff are being used to conduct cross-gender searches. This Auditor requires additional evidence to determine if Upstate Evaluation Center (UEC) meets this standard; otherwise, corrective action is necessary.</p> <p data-bbox="280 707 1481 1034">115.315 (b): The agency, DJJ, mandates that staff shall not conduct cross-gender pat-down searches except in exigent circumstances. During onsite interviews with residents, some residents indicated being searched by female staff. During interviews with custody staff, some stated the necessity for female custody staff to search a male resident but indicated the practice is rare; a couple of years ago, widespread COVID outbreaks resulted in staffing challenges. This same staff confirmed the need to gain prior supervisory approval and document staff shortages and any cross-gender searches.</p> <p data-bbox="280 1075 1481 1482">115.315 (c): During his interview, the facility Director confirmed that DJJ policy mandates that Upstate document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. During interviews with custody staff, some indicated the necessity for female custody staff to search a male resident but stated the practice is rare; a couple of years ago, widespread COVID outbreaks resulted in staffing challenges. This same staff confirmed the need to gain prior supervisory approval and document staff shortages and any cross-gender searches. According to the facility Director and as established in the PAQ, zero cross-gender pat-down searches occurred at Upstate in the prior 12 months.</p> <p data-bbox="280 1523 1481 2056">115.315 (d): During his interview, the facility Director confirmed that DJJ policy enables residents to shower, perform bodily functions, and change clothing without a 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 also require a staff of the opposite gender to announce their presence when entering a resident housing unit. During the onsite audit, all residents (random and targeted) sampled confirmed the ability 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. During the facility tour, this Auditor did not observe any residents in a state of undress. Zero residents indicated opposite-gender viewing of their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is</p>

incidental to routine cell checks.

115.315 (e): Staff (random and specialized) denied searching or physically examining a transgender or intersex resident to determine the resident's genital status. Suppose the resident's genital status is unknown. In that case, it may be determined during conversations with the resident by reviewing medical records or, if necessary, by learning that information as part of a broader medical examination conducted privately by a medical practitioner. Furthermore, Residents (random and targeted) sampled denied searching or physically examining a transgender or intersex resident to determine the resident's genital status if the resident's genital status is unknown.

115.315 (f): DJJ Policy 321 Prevention of Sexual Offenses toward Youth and 336 Application of the PREA Standards mandate the training of security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents, professionally and respectfully and in the least intrusive manner possible, consistent with security needs. This Auditor examined the training curriculum of the DJJ Staff, Development and Training Department, ensuring all security staff is trained to conduct cross-gender pat-down/frisk searches and searches of transgender and intersex youth respectfully and consistently with security needs. [PREA Standard(s) §115.315 (f)]. During interviews with Upstate staff (random), all confirmed completion of training that trains security staff in conducting cross-gender pat-down searches, and searches of transgender and intersex residents, professionally and respectfully and in the least intrusive manner possible, consistent with security needs. More, a sample review of the training record of select custody staff confirms that DJJ trains security staff in conducting cross-gender pat-down searches and searches of transgender and intersex residents.

<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.316 (a): DJJ 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 agency's efforts 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 and 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 those with intellectual disabilities, limited reading skills, or who are blind or have low vision.</p> <p>115.316 (b): By examination, the Auditor determined that DJJ has taken 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.</p> <p>115.316 (c): By interviewing random and specialized staff, this Auditor confirmed that DJJ 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 under § 115.364, or the investigation of the resident's allegations.</p> <p>According to the PREA Coordinator, in the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used, and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations was zero.</p>

<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1453 582">115.317 (a) According to the Assistant HR Director, SCDJJ prohibits the hiring or promotion of anyone who may have contact with residents who: Have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, facility, or other institution (as defined in 42 U.S.C. 1997). A review of onboarding documents for custody staff hired in the past 12-month period confirms that the agency considers all factors outlined in Standard 115.317.</p> <p data-bbox="280 622 1469 819">According to the Assistant HR Director, SCDJJ, the agency prohibits the hiring or promotion of anyone who may have contact with residents who: Have 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.</p> <p data-bbox="280 860 1481 1016">According to the Assistant HR Director, SCDJJ, the agency prohibits the hiring or promotion of anyone who may have contact with residents who: Have been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above.</p> <p data-bbox="280 1057 1481 1214">According to the Assistant HR Director, SCDJJ the agency prohibits the enlistment of services of any contractor who may have contact with residents who: Have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, resident facility, or other institution (as defined in 42 U.S.C. 1997).</p> <p data-bbox="280 1254 1481 1456">According to the Assistant HR Director, SCDJJ, the agency prohibits the enlistment of services of any contractor who may have contact with residents who: Have 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.</p> <p data-bbox="280 1496 1481 1653">According to the Assistant HR Director, SCDJJ prohibits the enlistment of services of any contractor who may have contact with residents who: Have been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above.</p> <p data-bbox="280 1693 1461 1895">115.317 (b) According to the Assistant HR Director, SCDJJ considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents. A review of onboarding and promotion documents for custody and general staff hired in the past 12-month period confirms that the agency considers all factors outlined in Standard 115.317.</p> <p data-bbox="280 1935 1481 2047">According to the Assistant HR Director, SCDJJ considers any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents.</p>

According to the Assistant HR Director, SCDJJ considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents.

According to the Assistant HR Director, SCDJJ considers any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents.

115.317 (c) According to the Assistant HR Director, before SCDJJ hires a new employee, who may have contact with residents, the agency performs a criminal background records check.

According to the Assistant HR Director, before SCDJJ hires a new employee, who may have contact with residents, the agency consults a child abuse registry maintained by the State or locality where the employee would work.

According to the Assistant HR Director, before hiring new employees who may have contact with residents, 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.

115.317 (d) SCDJJ, Policy 218, Employee Report of Arrest, Conviction, Child Abuse Registry, or Loss of Driver's License mandates criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents. SCDJJ provided the Auditor with a blank copy of an applicant employment questionnaire for examination. SCDJJ, Policy 218, Employee Report of Arrest, Conviction, Child Abuse Registry, or Loss of Driver's License mandate a criminal background record checks at least every five years for current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

The Assistant HR Director indicates that SCDJJ performs a criminal background record check before enlisting the services of any contractor who may have contact with residents. A review of onboarding documents provided by the PREA Coordinator for custody, contract, and general staff hired in the past 12-month period confirms that the agency considers all factors outlined in Standard 115.317.

115.317 (e) The Assistant HR Director, SCDJJ Policy 230 Employee Recruitment and Selection, confirmed that the agency conducts criminal background record checks annually but at least every five years of current employees and contractors who may have contact with residents and has a system in place through SLED to otherwise capture such information for current employees and contractors.

115.317 (f) The Assistant HR Director confirmed during her interview that SCDJJ asks 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. A review of onboarding

documents provided by the PREA Coordinator for custody, contract, and general staff hired in the past 12-month period confirms that the agency considers all factors outlined in Standard 115.317.

According to the Assistant HR Director, SCDJJ asks 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.

During her interview, the Assistant HR Director confirmed that SCDJJ imposes upon employees a continuing affirmative duty to disclose any such misconduct.

115.317 (g) According to the Assistant HR Director, SCDJJ considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination.

115.317 (h) The Assistant HR Director confirmed that unless prohibited by law, SCDJJ provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom a such employee has applied to work.

South Carolina Law Enforcement Division (SLED) is responsible for providing manpower and technical assistance to law enforcement agencies and conducting investigations on the state's behalf as directed by the Governor and Attorney General. SLED maintains a rolling alert system for current employees and contractors involved in criminal behavior. The Division of Investigative Services uses the National Crime Information Center (NCIC) to perform these checks. If a current employee or contractor is involved in criminal behavior.

**The evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- 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 New Employees (Contract/Custody)
- Five Year Background Checks of Current Staff
- Five Year Background Checks of Current Contractors (Medical/Allied)
- Background Checks of Volunteers
- SCDJJ Policy 218 Employee Report of Arrest, Conviction, Child Abuse Registry, or Loss of Driver's License
- Child Abuse Registry checks conduct every five years on all employees



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|  | <ul style="list-style-type: none"><li>• SCDJJ Policy 336 Application of the PREA Standards (5-6-2021)</li><li>• SCDJJ Policy 230 Employee Recruitment and Selection</li><li>• SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth</li><li>• SCDJJ New Employee Hiring Packet Checklist</li><li>• Files of new Employees/Contractors hired in the past 12-month period (12)</li><li>• Interview with the Assistant HR Director</li><li>• Interview contract security staff</li></ul> |
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.318 (a) The PREA Coordinator/Executive Director PREA designee and the PREA Compliance Specialist confirmed that the agency has not 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, development, or improvement upon the agency’s ability to protect residents from sexual abuse.</p> <p>During this review period, Upstate did not make, design, or acquire any new facilities or plan any substantial expansion or modification of the existing facility, according to the PREA Compliance Specialist and the PREA Coordinator.</p> <p>115.318 (b) According to the PREA Coordinator/Executive Director PREA designee, if SCDJJ installs or updates a video monitoring system, electronic surveillance system, or other monitoring technology, SCDJJ would consider how such technology may enhance the agency’s ability to protect residents from sexual abuse such as in the elimination of blind spots.</p> <p><b>The evidence relied upon to make auditor determination:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• On-site facility tour</li> <li>• with staff (random and specialized)</li> <li>• Interview with the Facility Director</li> <li>• Interview with the PREA Coordinator/Executive Director PREA designee</li> <li>• Interview with the PREA Compliance Specialist</li> <li>• SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth - (5-06-2021)</li> <li>• SCDJJ Policy 314 Camera Surveillance</li> <li>• SCDJJ Policy 336 Application of the PREA Standards - (5-6-2021)</li> </ul>

<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 501">115.321 (a) SCDJJ and SLED are responsible for investigating allegations of sexual abuse. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p data-bbox="280 542 1477 819">Policy 328 Safety and Security and the Protocol for Alleged Sexual Assault involving Penetration indicates that SCDJJ will conduct administrative and criminal investigations in compliance with policy and State laws. The Division of Investigative Services will receive complaints, allegations, and grievances through verbal and written reports from employees, residents, volunteers, and others. Each report will be classified as administrative, criminal, and thoroughly investigated and documented.</p> <p data-bbox="280 860 1477 1102">Random custody staff and contract security staff were interviewed during the onsite portion of this audit all detailed how to maximize the potential for obtaining usable physical evidence. Some custody staff sampled indicated they would not allow the victim or the accused to shower, change clothes or brush their teeth. Contract custody staff are prohibited from direct interaction with juveniles by contractual agreement.</p> <p data-bbox="280 1142 1477 1420">A medical practitioner interviewed indicated to maximize the potential for usable evidence, physical evidence obtained from a victim or witness would be bagged, tagged to ensure a transparent chain of evidence, and delivered to the SLED/shift supervisor as evidence. Custody staff (100%) interviewed during the site visit indicated that Investigator Reed and the PREA Coordinator were PREA Investigators for Upstate. According to the PREA investigator, she is the administrative investigator at Upstate and Coastal Evaluation Centers.</p> <p data-bbox="280 1460 1423 1581">115.321 (b) The protocol developed by SCDJJ by examination is developmentally appropriate for residents, according to the PREA investigator assigned to the Upstate Evaluation Center.</p> <p data-bbox="280 1621 1477 1944">The PREA investigator interviewed during the audit confirmed that the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol adopted by the SCDJJ, as appropriate, is 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 data-bbox="280 1984 1423 2060">115.321 (c) The PREA Coordinator SCDJJ/Upstate Evaluation Center offers all residents who experience sexual abuse access to forensic medical examinations,</p>

whether onsite or at an outside facility, without financial cost, where evidentiarily or medically appropriate. A resident is not required to pay for medical services such as (1) the service is provided in an emergency; (2) the service is provided because of an injury received in the correctional facility; or (3) the service is provided at the request of the administrator of a correctional facility.

SCDJJ offers all residents who experience sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiarily. Forensic examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible, according to the PREA Coordinator. If a SAFEs or SANEs examiner cannot be made available, the examination would be performed by other qualified medical practitioners. According to the PREA Coordinator, the facility would document all efforts to provide a SANE or SAFE examiner or medically appropriate. Upstate Evaluation Center will send victims of sexual abuse to Upstate Evaluation Center will send juveniles to Spartanburg Regional Medical Center, 101 E. Wood Street, Spartanburg, S.C. 29303.

115.321 (d) SCDJJ attempts to make available to the victim advocate from a rape crisis center available to the victim, in person or by other means. Random custody, contract security staff, and specialized staff (medical practitioners) (1) each detailed for the Auditor the established Protocol for Alleged Sexual Assault involving Penetration. The protocol contained sufficient detail to assist first responders in protecting usable physical evidence until SLED arrives on the scene.

According to the PAQ and verified by the PREA Coordinator, during the past 12 months, zero medical forensic medical examinations were conducted. The number of exams performed by SANEs/SAFEs during the past 12 months was zero, confirmed by the PREA Coordinator and data found in the PAQ. An Upstate Evaluation Center medical practitioner (1) interviewed indicated the number of exams performed by a qualified medical practitioner during the past 12 months was zero.

115.321 (e) SCDJJ Policy 911 Clinical Crisis Intervention - requires Mental Health Practitioners to ensure that the victim is offered advocacy services from an outside victim advocacy service. More, if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member would accompany and support the victim through the forensic medical examination process and investigatory interviews, according to the PREA Coordinator. Upstate Evaluation Center PREA-related investigatory documents indicate that during this reporting period, zero residents reported sexual abuse, as confirmed by the PREA Compliance Specialist. In addition, the PREA Compliance Specialist and the PREA Coordinator each confirmed that, per the victim's request, the victim advocate provides emotional support, crisis intervention, information, and referrals.

115.321 (f) SCDJJ and South Carolina Law Enforcement Division are responsible for conducting administrative and criminal investigations for allegations of sexual

abuse. SCDJJ/SLED Memorandum of Understanding (MOU) 8.2021 supports this substandard. The MOU is an agreement between SLED and the South Carolina Department of Juvenile Justice (SCDJJ) to establish guidelines for investigating criminal cases and the notification of certain events that occur on property controlled by SCDJJ.

115.321 (g) Auditor is not required to audit this provision.

115.321 (h) If SCDJJ uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, the individuals are screened for appropriateness to serve in this role and receive education concerning sexual assault and forensic examination issues in general according to the PREA Coordinator and Director of Behavioral Health.

**The evidence relied upon to make auditor determination:**

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 911 Clinical Crisis Intervention
- SCDJJ Policy 328 Investigations
- SCDJJ Policy 306 Resident's Unimpeded Access to Health Care
- SCDJJ Policy 918 Resident Rights and Responsibilities
- SCDJJ Policy 920 Resident Grievance Process
- MOU with Rape Crisis Center - Emails of Attempts
- Telephone conversation with staff from the outside entity providing services
  
- Interview with the PREA Compliance Specialist
- Interview with the PREA Coordinator
- Interview with a PREA investigator
- Interviews with staff (random and specialized)
- Email: South Carolina Medical Forensic Examination Providers, 2020

<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 667">115.322 (a) SCDJJ/Upstate ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, as stated by the Investigator and PREA Coordinator. SCDJJ/Upstate ensures that administrative or criminal investigations are completed for all allegations of sexual harassment. In the past 12 months, the facility indicates the number of allegations of sexual abuse and sexual harassment received was four (4) administrative/criminal investigations. Upon investigation, Upstate has two (2) documented allegations of sexual abuse and sexual harassment in the past 12-month period.</p> <p data-bbox="280 707 1465 990">115.322 (b) SCDJJ has a policy and practice to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to SLED. SCDJJ and SLED have the legal authority to conduct administrative and criminal investigations. By examination, the Auditor identified Policy 328 Investigations published on the website for SCDJJ Website. According to the PREA investigator, SCDJJ documents all such referrals. A review of investigative reports indicates that Upstate referred one investigation to SLED, an outside entity, as a potential criminal investigation.</p> <p data-bbox="280 1030 1433 1115">115.322 (c) SCDJJ conducts administrative and criminal investigations. Policy 328 Investigations describes the responsibilities of both the agency and SLED.</p> <p data-bbox="280 1155 1455 1326">115.322 (d) Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations. The Auditor is not required to audit this provision.</p> <p data-bbox="280 1366 1433 1523">115.322 (e) Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations. The Auditor is not required to audit this provision.</p> <p data-bbox="280 1563 1203 1599"><b>The evidence relied upon to make auditor determination:</b></p> <ul data-bbox="280 1639 1177 2056" style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• SCDJJ Policy 336 Application of the PREA Standards</li> <li>• SCDJJ Policy 328 Investigations</li> <li>• SCDJJ Policy 233 Employee Sexual Harassment</li> <li>• SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth</li> <li>• Interview with the PREA Coordinator</li> <li>• Interview with a representative from a Child Advocacy Center</li> <li>• Internet web search: Examined SCDJJ</li> <li>• Interview with the facility Director</li> <li>• Interviews with an agency/facility PREA investigator</li> </ul>

<b>115.331</b>	<b>Employee training</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1461 584">115.331 (a) According to the PREA Coordinator and HR Director, SCDJJ trains all employees who may have contact with residents on its Zero Tolerance Policy for sexual abuse and sexual harassment. New employee onboarding packages confirm PREA-related training. SCDJJ training will be renewed every two (2) years with documentation placed in the employee's file [PREA Standard §115.331 (C)]. By examination (12), onboarding employment packages confirm PREA-related training.</p> <p data-bbox="280 665 1474 864">According to the PREA Coordinator and Assistant HR Director, SCDJJ trains all employees who may have contact with residents to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. Examining (12) onboarding employment packages and (1) promotion packages confirm PREA-related training.</p> <p data-bbox="280 904 1458 1016">According to the PREA Coordinator and Assistant HR Director, SCDJJ trains all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment.</p> <p data-bbox="280 1057 1382 1214">According to the PREA Coordinator and Assistant HR Director, SCDJJ trains 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.</p> <p data-bbox="280 1254 1445 1366">According to the PREA Coordinator and Assistant HR Director, SCDJJ trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in resident facilities.</p> <p data-bbox="280 1406 1474 1518">According to the PREA Coordinator and Assistant HR Director, SCDJJ trains all employees who may have contact with residents on the typical reactions of resident victims of sexual abuse and sexual harassment.</p> <p data-bbox="280 1559 1426 1715">According to the PREA Coordinator and Assistant HR Director, SCDJJ trains all employees who may have contact with residents on detecting and responding to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.</p> <p data-bbox="280 1756 1366 1868">According to the PREA Coordinator and Assistant HR Director, SCDJJ trains all employees who may have contact with residents to avoid inappropriate relationships with residents.</p> <p data-bbox="280 1908 1477 2065">According to the PREA Coordinator and Assistant HR Director, SCDJJ trains 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.</p>

According to the PREA Coordinator and Assistant HR Director, SCDJJ trains all employees who may have contact with residents to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

According to the PREA Coordinator and Assistant HR Director, SCDJJ trains all employees who may have contact with residents on relevant laws regarding the applicable age of consent.

115.331 (b) A review of the training curriculum confirmed that it is tailored to male resident detention facilities' unique needs and attributes. For example, according to the PREA, Coordinator gender staff transferring from a female facility to a male resident facility are mandated to re-enter new employee onboarding, including PREA training. Furthermore, the training curriculum included topics such as residents on residents' right to be free from sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationships with residents, and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. Interviews with random custody staff confirmed PREA-related training.

115.331 (c) According to the PREA Coordinator and the PREA Compliance Specialist, all current employees who may have contact with residents received PREA-related training, which includes topics such as residents' right to be free from sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationships with residents, and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.

SCDJJ/Upstate provides each employee with refresher training every two years to ensure all employees know the agency's current sexual abuse and sexual harassment policies and procedures. Employee training will be renewed every two (2) years with documentation placed in the employee's file [PREA Standard §115.331 (C)].

In years when an SCDJJ employee does not receive refresher training, the agency provides information on current sexual abuse and sexual harassment policies during staff briefings, shift changes, emails, and meetings.

115.331 (d) SCDJJ documents staff PREA-related training through employee signature or electronic verification, indicating that employees understand the training they received.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- Interview with the PREA Compliance Specialist/PREA Coordinator
- Interview with the Random Staff/sample of training records



- Interview with the Assistant Director of HR
- Interview with the facility Director
- SCDJJ Policy 241 Staff Development and Training Requirements and Services
- SCDJJ Policy 302RD Contractor Conduct Agreement (Acknowledgement Form)
- SCDJJ Policy 914 Volunteer Services
- 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 Youth
- Staff Documentation of Refreshers Training
- Introduction To Trauma and Trauma-Informed Care (5.5 Hours).
- Legal 101 for Resident Correctional Officers (2.75 Hours).
- Abuse and Neglect Reporting
- Legal Update and PREA (Children's Law Center)
- PREA Standards PowerPoint Training
- PREA and the Implications for SCDJJ Recertification Training

<b>115.332</b>	<b>Volunteer and contractor training</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 667">115.332 (a)The initial SCDJJ Volunteer Orientation and Training guidelines mandate the use of the SCDJJ Volunteer Services Orientation and Training Manual (Attachment 914A). Upon completion of the orientation process by SCDJJ staff, Form 914F is forwarded to the Volunteer Services Department. Policy 914 Volunteer Services, SCDJJ/Upstate also mandates that all volunteers and contractors who have contact with residents are trained regarding their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p data-bbox="280 707 1481 909">During this audit period, Upstate indicates zero volunteers. Due to Covid-19 precautions, volunteers were excluded from providing programs and services to residents despite criminal background and sex registry clearances. Case in point the audit was rescheduled due to a facility Covid outbreak. SCDJJ/Upstate Evaluation Center rescheduled the beginning onsite portion of this audit for 9/23/22.</p> <p data-bbox="280 949 1481 1061">It should be mentioned due to Covid-19 precautions; volunteers were excluded from providing programs and services to residents despite criminal background and sex registry clearances.</p> <p data-bbox="280 1102 1481 1303">This Auditor interviewed four contract security staff from Allied security contractors, two working in the gatehouse and two in the control room. Security contract workers interviewed deny contact with residents. Therefore, the level and type of training provided to these contractors were based on their services and contact level with inmates.</p> <p data-bbox="280 1344 1481 1581">115.332 (b) The PREA Coordinator confirmed during her interview that all volunteers and contractors who have contact with residents are aware of the agency's Zero-Tolerance Policy regarding sexual abuse and sexual harassment and are informed how to report such incidents with the level and type of training provided to volunteers and contractors based on the services they provide and level of contact they have with residents.</p> <p data-bbox="280 1621 1481 1984">115.332 (c) SCDJJ/Upstate maintains documentation confirming that volunteers and contractors understand their training. As a result of the pandemic, zero volunteers are being admitted into the facility. Moreover, the agency's curriculum for training contractors and volunteers is commensurate with the level and type of training based on the services volunteers and contractors provide and the level of contact they have with residents. For example, the security contract staff's role is limited to the gatehouse and the control room. Further, the training curriculum covers SCDJJ's Zero-Tolerance Policy regarding sexual abuse and sexual harassment and how to report an incident.</p> <p data-bbox="280 2024 1230 2060"><b>The evidence relied upon to make Auditor's determination:</b></p>

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|  | <ul style="list-style-type: none"><li>• Pre-Audit Questionnaire</li><li>• SCDJJ Policy 302RC - Contractor Conduct Agreement</li><li>• SCDJJ Policy 914 - Volunteer Services</li><li>• SCDJJ Policy 336 - Application of the PREA Standards</li><li>• SCDJJ Volunteer Orientation Services Orientation (PPT)</li><li>• Sample of training records completed by volunteers (Volunteer's Certification of Orientation and Agreement Form) (Upstate and Coastal)</li><li>• SCDJJ Policy 302RD - Contractor Conduct Agreement</li><li>• Interview with the PREA Compliance Specialist</li><li>• Interview with the PREA Coordinator</li><li>• Interview with contractors (Allied) (4)</li></ul> |
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<b>115.333</b>	<b>Resident education</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 456">115.333 (a) During the intake process, residents (16) sampled confirmed receiving information explaining the agency's Zero-Tolerance Policy regarding sexual abuse and sexual harassment and a handbook detailing the facility and agency rules.</p> <p data-bbox="280 497 1366 654">During the intake, residents (16) sampled confirmed receiving information explaining how to report incidents or suspicions of sexual abuse or sexual harassment. In addition, each participant provided at least one example of a method to report sexual abuse or sexual harassment to a trusted person.</p> <p data-bbox="280 694 1461 851">Residents (16) sampled confirmed that PREA-related information was in a language they understood, and the information was presented as age-appropriate. Further, residents sampled indicated that orientation was given verbally, in writing, and in video format.</p> <p data-bbox="280 891 1461 1093">The Auditor sampled (16) intake and orientation documents to confirm that each resident received information explaining the agency's Zero -Tolerance Policy regarding sexual abuse and sexual harassment during their intake process. The Auditor determined that Upstate documents the delivery of PREA-related education in the resident's institutional, clinical, and medical files.</p> <p data-bbox="280 1133 1477 1335">115.333 (b) According to Intake Staff interviewed, within ten days of intake, SCDJJ/ Upstate provides an age-appropriate comprehensive education to residents either in person or through video regarding Their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents and agency policies and procedures for responding to such incidents.</p> <p data-bbox="280 1375 1461 1491">115.333 (c) All residents (16) sampled during the onsite portion of this PREA audit confirmed receiving a comprehensive education referenced in 115.333(b) provided by the intake staff person and a mental health practitioner.</p> <p data-bbox="280 1532 1477 1648">Intake Staff interviewed confirmed that all 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.</p> <p data-bbox="280 1688 1477 2051">115.333 (d) According to Intake staff, SCDJJ provides resident education in formats accessible to all residents, including those who: Are limited English proficient. Intake Staff provided the Auditor with resident education in Spanish and English. Further, Upstate employs the language line to assist non-English speaking residents with communicating with staff. During the onsite portion of this audit, zero residents were identified as LEP. SCDJJ utilizes an "Over-the-phone" interpretive service that can interpret effectively, accurately, impartially, deceptively, and expressively, using any necessary specialized vocabulary. The "Over-the-phone" services are available 24 hours a day.</p>

The PREA brochure covers reporting incidents or suspicions of sexual abuse or sexual harassment. PREA-related education is likewise provided to limited English proficient (LEP) residents, deaf, visually impaired, or otherwise disabled. Interviews with each resident confirmed that the information provided to residents was age appropriate.

The Admission Intake Specialist II for SCDJJ confirmed during her interview that Upstate provides all residents with PREA-related and facility education in communication platforms that facilitate communication and understanding by all residents, including those who: Have limited reading skills. Residents included in the sample population were knowledgeable of their rights. This Writer interviewed one (1) resident who spoke bilingual English/Spanish. The same resident indicated that he preferred to receive PREA education and facility information in English. Moreover, the resident identified English as his most commonly spoken language. During the intake process, the Admission Specialist II questioned his preference to read, speak and write in English versus Spanish.

The Upstate Admission Specialist II confirmed that she is prepared to read PREA information out loud and enlist the assistance of a mental health practitioner or interpretive service to deliver the necessary PREA information to meet this standard.

115.333 (e) By examination of Juvenile Intake and Vulnerability or Sexual Aggression Screener (VVSAS) forms (16) and PREA-related orientation and education, the Auditor determined that Upstate maintains documentation of resident participation in PREA-related informational sessions. Random and targeted residents (16) interviewed during the onsite portion of this audit described the resident PREA education process. During the facility tour, the Auditor noted critical information posted throughout living spaces in posters and other reading material in multiple languages. Further, all residents sampled confirmed watching a PREA video during the intake process. Upstate Evaluation Center ensures that crucial information is continuously and readily available. All residents were well versed in the grievance process and felt that if they filed a grievance, it would be addressed in a confidential and timely manner by facility staff.

**The evidence relied upon to make Auditor's determination:**

- The Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 905 Residents with Disabilities
- SCDJJ Resident Receipt of Orientation
- SCDJJ PREA Brochure
- Auditor review of resident education materials

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|  | <ul style="list-style-type: none"><li>• Auditor review of Juvenile Intake and Vulnerability or Sexual Aggression Screener (VVSAS) (16)</li><li>• Interviews with staff (random and specialized)</li><li>• Interview with the Director of Behavioral Health</li><li>• Interview with the PREA Compliance Specialist</li><li>• Interview with Intake Staff, Admission Specialist II</li><li>• Interviews with targeted and random residents (16)</li><li>• Facility tour and facility signage</li></ul> |
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>115.334 (a) The SCDJJ policy requires general PREA training for all employees/ contractors/volunteers following applicable PREA standards who may have contact with those assigned to the facility. Further, SCDJJ ensures that to the extent the agency conducts sexual abuse investigations, its investigators have received specialized training in such investigations in confinement settings.</p> <p>This Auditor examined training credentials for PREA investigators assigned to Upstate (UEC). During her interview, the PREA investigator confirmed that she investigates all PREA-related allegations for UEC. Likewise, the same investigator confirmed completing the required general and specialized training under § 115.331 and 115.334 (b).</p> <p>115.334 (b) According to the same PREA investigator, specialized training includes techniques for interviewing resident sexual abuse victims, proper use of Miranda and Garrity warnings, appropriate abuse evidence collection in confinement settings, including the criteria and evidence required to substantiate a case for administrative action or a referral for prosecution.</p> <p>115.334 (c) By examination, this Auditor determines that SCDJJ/Upstate maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>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.</p> <p><b>The evidence relied upon to make Auditor's determination:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth</li> <li>• SCDJJ Policy 336 Application of the PREA Standards</li> <li>• Interview with the PREA Coordinator</li> <li>• Interview with the PREA Compliance Specialist</li> <li>• Interview with the facility Director</li> <li>• Interview with a PREA investigator (1)</li> </ul> <p>Moss Group Specialize Investigators Training Curriculum</p> <p>Module #1: Investigating Sexual Abuse in Correctional Settings</p>

Module #2: Legal Issues and Agency Liability: Guidance for the Field

Module #3: Investigations and Agency Culture

Module #4: Trauma and Victim Response - Considerations for the Investigative Process

Module #5: Role of Medical and Mental Health Practitioners in Investigations

Module #6: First Response and Evidence Collection: The Foundation for Successful Investigations

Module #7: Interviewing Resident Sexual Abuse Victims

Module #8: Reporting Writing

Module #9: Prosecutorial Collaboration

National Institute of Corrections Curriculum (NIC) Certificate of Completions for Online PREA: Investigating Sexual Abuse in a Confinement Setting



<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1461 497">115.335 (a) According to the PREA Coordinator, SCDJJ Policy 336, Application of the PREA Standard – All medical and mental health (social workers, psychologists) mandates personnel will receive specialized training on the identified items listed above.</p> <p data-bbox="280 537 1461 779">Further, SCDJJ ensures that all full and part-time medical and mental health care practitioners who regularly work in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report any allegation of sexual abuse or sexual harassment.</p> <p data-bbox="280 819 1461 1187">Medical (1) and mental health care practitioners (1) who regularly work at Upstate Evaluation Center confirmed during separate interviews having been trained in (1) How to detect and assess signs of sexual abuse and sexual harassment;(2) How to preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to resident victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. In addition, training records examined and provided by the agency PREA Coordinator support that specialized medical and mental health practitioners sampled completed the required training outlined in this standard.</p> <p data-bbox="280 1227 1461 1384">115.335 (b) A medical practitioner (1) interviewed during the onsite portion of this audit denies conducting forensic medical examinations. According to the PREA Coordinator, forensic examinations would occur at a local hospital with a 24-hour emergency room, including a dedicated emergency room for children.</p> <p data-bbox="280 1424 1461 1541">115.335 (c) By examination, the Auditor determined that SCDJJ/Upstate maintains documentation that medical and mental health practitioners have received the training referenced in Standard 115.335 from the agency or elsewhere.</p> <p data-bbox="280 1581 1461 1863">115.335 (d) SCDJJ/Upstate medical and mental health care practitioners also receive training mandated for employees by §115.331. In addition, according to the PREA Coordinator, medical and mental health care practitioners are also required to obtain specialized training mandated for employees under §115.331 or contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency. SCDJJ has no full - or part-time medical or mental health care practitioners volunteering for the agency.</p> <p data-bbox="280 1904 1222 1939"><b>The evidence relied upon to make Auditor's determination:</b></p> <ul data-bbox="280 1980 1177 2083" style="list-style-type: none"> <li data-bbox="280 1980 663 2011">• Pre-Audit Questionnaire</li> <li data-bbox="280 2047 1177 2083">• SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth</li> </ul>

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|  | <ul style="list-style-type: none"><li>• SCDJJ Staff Development and Training Requirements and Services</li><li>• SCDJJ Policy 336 Application of the PREA Standards</li><li>• Interviews with Medical (1) and Mental Health Practitioners (1)</li><li>• Interview with the PREA Coordinator</li><li>• Review of training certifications for all medical and mental health staff</li></ul> |
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1436 416">SCDJJ/Upstate PREA Policy 321, Policy 336, and 501 collectively address Standard 115.341.</p> <p data-bbox="280 456 1465 694">115.341 (a) Within 72 hours of the resident's arrival at the facility, the agency obtains and uses information from each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. In addition, the Auditor interviewed an SCDJJ intake staff person (Admission Specialist II) (1). She confirmed that the agency obtains other information pertinent to a resident periodically throughout a resident's period of confinement.</p> <p data-bbox="280 734 1481 1227">115.341 (b) The Admission Specialist II, intake staff person, confirmed that the screening assessments utilized by SCDJJ are an objective screening instrument to capture each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. The above policies require all residents to be assessed for risk of victimization and abuse upon admission to the Upstate Evaluation Center or transfer from another facility. Further, the Auditor confirmed by examination and a staff interview with the mental health practitioner responsible for completing risk screening confirmed that SCDJJ/Upstate uses an objective screening instrument for PREA screenings. The responsibility for completing the VVSAS is shared between the Admission Specialist II and medical and mental health practitioners. For example, intake staff/officers complete pages 1 through 3 within 24 hours. Clinical practitioners complete the remaining pages within 72 hours of the resident's arrival.</p> <p data-bbox="280 1267 1474 1675">115.341 (c) More, the Auditor sampled sixteen (16) residents to determine compliance with this standard and reviewed VVSAS for each resident sampled. Each resident (16) sampled confirmed staff inquiries during the intake process surrounding questions or observations like (1) Prior sexual victimization or abusiveness, (2) Manner of self-identification as gay, bisexual, transgender, or intersex, and whether the resident may be vulnerable to sexual abuse, (3) Current charges and offense history, (4) His age, (5) The resident's level of emotional and cognitive development, (6) Considers the resident's physical size and stature, (7) Any history of mental illness, mental Intellectual or developmental disabilities, (8) Physical disabilities.</p> <p data-bbox="280 1715 1439 1953">Questions on the Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) include questions such as Question #10 regarding a resident's sex assignment at birth (e.g., male/female/intersex). In addition, question # 11 asked residents, "What is your gender identity," male, female, transgender-male, transgender-female, binary, or another self-identified category and a preferred gender pronoun.</p> <p data-bbox="280 1993 1465 2069">According to the PREA Coordinator, SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section G.5 indicates, in determining housing and programming for a</p>

resident who identifies as transgender or intersex, Upstate staff will complete the Transgender/Intersex Declaration of Preference State Form 321F and will utilize the resident's preferences in their assignment decision on a case-by-case basis.

Zero transgender or intersex residents were assigned to the Upstate Evaluation Center during the onsite portion of the audit. Intake staff was interviewed during the onsite part of the audit. The Upstate Admission Specialist II established during her interview that the VVSAS, at a minimum, attempts to obtain information about (9) The residents' perception of vulnerability, any other specific details a resident may disclose to heighten a need for supervision, additional safety precautions, or separation from certain other residents.

115.341 (d) Upstate Evaluation Center's Admission Specialist II provided the Auditor with examples of how sensitive information can be obtained regarding a resident's history like through conversations with the resident during the intake process, from a medical, mental health screening, classification assessments or by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files. In addition, admission Specialist II confirmed during her interview that she has an affirmative duty to all residents at Upstate about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI.

115.341 (e) During her interview, the PREA Coordinator confirmed that SCDJJ had implemented appropriate controls on the sensitive dissemination within the facility of responses to questions on the VVSAS, asked under Standard 115.341, to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. For example, sensitive information is password protected with limited access as an electronic safeguard. In addition, medical and mental health practitioners, shift supervisors, facility administrators, and others are provided access to sensitive PII on a need-to-know basis.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- 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
- Review of sample PREA Vulnerability to Victimization or Aggression Screener (VVSAS) Risk & Reassessment Assessment (16)

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|  | <ul style="list-style-type: none"><li>• Observations made during the onsite portion of the audit</li><li>• Auditor interviews with staff (random and specialized)</li><li>• Auditor interviews with residents (random and targeted)</li><li>• Interview with the Director of Behavioral Health</li><li>• Auditor interview with the PREA Compliance Manager (retired before the onsite portion of the audit)</li><li>• Interview with the PREA Coordinator</li></ul> |
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<b>115.342</b>	<b>Placement of residents</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 622">115.342 (a) SCDJJ uses all information obtained under § 115.341 to keep all residents safe and free from sexual abuse and to make: Housing, bed, work, education, and program assignments. Intake staff responsible for initiating the risk screening instrument detail their responsibility when completing a risk screening on a new or transferring resident, as confirmed by the Admission Specialist II. Documentation of risk-based screening (16) (VVSAS) decisions supports compliance with this substandard.</p> <p data-bbox="280 663 1442 945">Further, Policy 512 Classification System for Housing in Secure Facilities indicates, The South Carolina Department of Juvenile Justice (SCDJJ) will assess and monitor the appropriateness of each resident's program assignment and housing unit for secure facilities. Various factors are considerations in determining the appropriate dorm and housing unit. Such factors include, but are not limited to, individual treatment needs, behavioral criteria, history of aggression, victimization, adjustment to custody (previous and current), and other appropriate factors.</p> <p data-bbox="280 985 1469 1393">VVSAS document confirms that Upstate utilizes a multidisciplinary facility team to review obtained from the risk-based screening for vulnerability/abusiveness to inform decisions regarding a resident's housing, bed, program, education, and work assignment. Determinations for housing of resident supporting policies must 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 Youth; SCDJJ Policy 503, Long Term Facility Admissions; SCDJJ Policy 501, Evaluation Center Intake Operational Process; and SCDJJ Policy 500, Detention Center Admissions. [PREA Standard(s) §115.342 (a)].</p> <p data-bbox="280 1433 1485 1760">Upstate staff will reassess each resident's unit and room assignment at designated timeframes and, when necessary, to maintain the safety and security of the resident and facility operations. Other factors considered by the facility include but are not limited to age, stature, the seriousness of the current offense, offense history, alerts, precautions, proximity to the victim of record, co-defendant, history of violent behavior, history of sexually aggressive behavior or a history of victimization or sexual vulnerability. Noteworthy Upstate Evaluation Center serves youth ages 11 to 17. By law, the length of stay for adjudicated juveniles cannot exceed 45 days.</p> <p data-bbox="280 1800 1469 1957">115.342 (b) During the onsite, residents are 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 maintaining all residents safely can be arranged.</p> <p data-bbox="280 1998 1442 2074">During any period of isolation, SCDJJ/Upstate refrains from denying residents daily large-muscle exercise, any legally required educational programming or special</p>

education services, and daily visits from a medical or mental health care clinician. Access to other programs and work opportunities is minimal.

115.342 (c) According to Admissions Specialist II, SCDJJ/Upstate always refrains from placing gay and bisexual residents in particular housing, bed, or other assignments solely based on identification or status.

According to Admissions Specialist II, SCDJJ/Upstate always refrains from placing transgender residents in particular housing, bed, or other assignments solely based on identification or status.

According to Admissions Specialist II, SCDJJ/Upstate always refrains from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive. Residents who identify as lesbian, gay, bisexual, transgender, questioning/queer, or intersex (LGBTQI) will be treated following SCDJJ Policy 918, Youth Rights and Responsibilities, and SCDJJ Policy 222, Employee Ethics and Relations with Others. [PREA Standard(s) §115.342 (c)]. Employees completing the youth intake will complete the Sexual Orientation, Gender Identity, and Gender Expression (SOGIE Assessment) form (321E).

115.342 (d) The PREA Coordinator interviewed during the onsite portion of this audit confirmed when deciding whether to assign a transgender or intersex resident to a facility for male or female residents, the agency considers, on a case-by-case basis, whether a placement would ensure the health and safety of a resident, and whether a placement would present management or security problems.

Likewise, 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 health and safety of a resident and whether a placement would present management or security problems according to the PREA Coordinator.

115.342 (e) Placement and program assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident according to the PREA Coordinator.

115.342 (f) During her interview, the PREA Coordinator confirmed that each transgender or intersex resident's views regarding their safety would be seriously considered when making facility and housing placement decisions and programming assignments. As a result, during the onsite portion of this audit, zero transgender or intersex residents were assigned to the facility.

115.342 (g) Transgender and intersex residents can shower separately from other residents. During the facility inspection, the Auditor determined that showers were a single-cell accommodation. Interviews with a sample of random male residents confirmed that each resident is allowed to shower individually, but each must dress in the shower area before exiting. Random residents (100%) (16) indicated that they are allowed to shower, use the toilet and change clothes in private except in exigent circumstances. SCDJJ/Upstate has a policy that specifies placement in segregation

as a last resort. During the onsite portion of the audit, zero residents were assigned to isolation for risk of sexual victimization/who allege to have suffered sexual abuse.

115.342 (h) The Captain of Security confirmed that if a resident is isolated under provision (b) of this section, Upstate 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. During the onsite portion of the audit, zero residents were assigned to isolation for risk of sexual victimization/who allege to have suffered sexual abuse.

115.342 (i) The Captain of Security confirmed that 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, Upstate would afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS. During the onsite portion of the audit, zero residents were assigned to isolation for risk of sexual victimization/who allege to have suffered sexual abuse.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Residents
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 501 Evaluation Center Intake Operational Process
- SCDJJ Policy 503 Long Term Facility Admissions
- SCDJJ Policy 502 Evaluation Center Intake Operational Process
- SCDJJ Policy 323 Isolation of Youth
- SCDJJ Policy 512 Classification System for Housing in Secure Facilities
- SCDJJ Policy 918 Resident Rights and Responsibilities
- SCDJJ Policy 222 Employee Ethics and Relations with Others
- SCDJJ Resident Intake Form, VVSAS
- SCDJJ Facility Housing Re-assignment/Review Form
- Transgender/Intersex Declaration of Preference Statement (Form)
- Interview with the Captain of Security/staff who supervises residents in isolation
- Interview with the Director of Behavioral Health
- Interview with residents
- Interview with the Admissions Specialist II
- Interview with the PREA Coordinator



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|  | <ul style="list-style-type: none"><li>• Facility tour</li></ul> |
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<b>115.351</b>	<b>Resident reporting</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 667">115.351 (a) By examination, this Auditor determined that SCDJJ/Upstate provides multiple internal ways for residents to report privately: Sexual abuse, sexual harassment, and retaliation. In addition, staff neglect or violation of responsibilities that may have contributed to an incident can also be reported using the options below. Resident reporting options include internal methods such as: Using the grievance process, telling any trusted staff person, Social Worker, medical or mental health practitioner, the facility Director or assistant director, the chaplain, or the SCDJJ Tipline #1-866-313-0073. Other reporting options include:</p> <ul data-bbox="352 734 1334 853" style="list-style-type: none"> <li>• SCDJJ Office of Investigations or PREA investigator</li> <li>• Chaplain or minister</li> <li>• The National Sexual Abuse Hotline (toll-free) 800-656-HOPE (4673)</li> </ul> <p data-bbox="280 896 655 931">Upstate Evaluation Center</p> <ul data-bbox="352 999 1355 1117" style="list-style-type: none"> <li>• Safe Passage (toll-free) 855-422-4453</li> <li>• Dee Norton Child Advocacy Center 843-723-3600</li> <li>• The Midlands Sexual Trauma Services of the Midlands 803-771-7273</li> </ul> <p data-bbox="280 1160 1441 1312">Noteworthy: The telephone system in the living units is not operational. Residents can write the Crisis Intervention/Advocacy Support Services for assistance. The facility posted the address on each living unit, and the same information was provided to all residents during the intake process.</p> <p data-bbox="280 1355 1473 1507">During the facility tour, the Auditor noted posters throughout the facility (e.g., living units, common areas, gym, school, and medical) that provide internal ways for residents to privately report sexual abuse or sexual harassment, or retaliation by a resident or staff.</p> <p data-bbox="280 1550 1473 1957">115.351 (b) By examination, this Auditor determined that SCDJJ/Upstate provides 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. Residents call to write The Midlands Crisis Intervention/Advocacy Support Services for assistance and report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The Upstate posted the Midlands Crisis Intervention/Advocacy Support Services address on all living units. The private entity or office allows the resident to remain anonymous upon request. Residents have been informed to alert the reporting entity regarding a wish for anonymity before starting a conversation with the entity or office.</p> <p data-bbox="280 2000 1453 2072">Interviews with twelve residents confirmed receiving PREA reporting information in the form of a brochure and viewing a PREA video. Orientation forms (16) reviewed</p>

by the Auditor demonstrate that resident files sampled received information at intake. All intake forms (16) sampled included the signature of each resident.

SCDJJ PREA Coordinator indicated that Upstate never houses residents detained solely for civil immigration purposes.

115.351 (c) The Auditor interviewed four (4) custody staff, a holdover, the education officer and four (4) contract security staff. Upstate is experiencing significant challenges in hiring and maintaining staff. Despite the challenges, SCDJJ custody staff (4) and specialized staff interviewed (100%) confirmed that they would accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. More, the same sample of staff (100%) confirmed that they would promptly document any verbal reports of sexual abuse and sexual harassment and notify the PREA Compliance Manager, Shift Supervisor, and facility Director. In addition, the Auditor informally interviewed the education officer, who also confirmed a duty to accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and even from third parties.

115.351 (d) SCDJJ/Upstate provides residents with access to tools necessary to make a written report. Residents interviewed (16) confirmed having access to writing tools required to make a written report. In addition, SCDJJ provides a method for staff to report sexual abuse and sexual harassment of residents privately. Policy 336 Application of the PREA Standards indicates that anyone who suspects, alleges, or has knowledge of sexual abuse of youth adjudicated to SCDJJ may call the Division of Investigation Services (DIS) hotline at 1-866-313-0073. SCDJJ will publish information regarding how to report on its website at <http://www.state.sc.us/djj/>. Random and specialized staff (100%) were aware of the hotline to report sexual abuse, sexual harassment, or retaliation.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- 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 Resident
- SCDJJ Policy 326 Reporting Events
- SCDJJ Policy 214 Volunteers Services
- SCDJJ Policy 605 Sick Call Process
- SCDJJ Policy 920 Resident Grievance Process
- SCDJJ Policy 918 Resident Rights and Responsibilities

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|  | <ul style="list-style-type: none"><li>• SCDJJ Policy 328 Investigations</li><li>• SCDJJ Policy 924 Resident Behavior Management-Incentive System and Progressive Discipline</li><li>• PREA brochure and advocacy information</li><li>• PREA reporting posters</li><li>• Facility tour</li><li>• Informal interview with the Education Officer</li><li>• Interviews with residents (random and targeted)</li><li>• Interviews with staff (random and specialized)</li><li>• Interview with the PREA Coordinator</li></ul> |
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1461 748">115.352 (a) SCDJJ has an administrative procedure to address a resident grievance. Policy 920 Resident Grievances and Policy 328 Investigations collectively address the requirements of Standard 115.352. SCDJJ is not exempt from this standard. SCDJJ Policy 920, Section A2 stipulates that allegations that staff failed to respond and report an allegation of sexual abuse or neglect are a grievable violation. SCDJJ Policy 920, Section A3 also defines allegations that staff intimidated or retaliated against a resident either through written reprimand of a resident, withholding of privileges, or any such retaliatory measure against a resident for filing any grievance or complaint and for participating in some other way in the Resident Grievance Process.</p> <p data-bbox="280 790 1442 987">According to the PREA Coordinator, if a resident alleges sexual abuse, physical abuse, or other criminal wrongdoing, the Office of Resident and Family Relations (OJFR): OJFR Coordinator will immediately forward the allegation to the Division of Investigative Services via <a href="https://ERS.scdjj.net">https://ERS.scdjj.net</a>. The OJFR will also enter the allegation into the Access database.</p> <p data-bbox="280 1030 1481 1189">115.352 (b) SCDJJ permits residents to submit a grievance regarding an allegation of sexual abuse without any time limits. SCDJJ Policy 920, Section D6 stipulates no time limit for reporting a grieved issue or other allegation. Therefore, submission can occur at any time, regardless of when the incident is alleged.</p> <p data-bbox="280 1232 1445 1346">SCDJJ Policy 920, Resident Grievance, Section H3 stipulates that residents alleging physical or sexual abuse are not required to participate in an informal grievance process or otherwise attempt to resolve an alleged abuse incident with staff.</p> <p data-bbox="280 1388 1453 1626">115.352 (c) SCDJJ Policy 920 Resident Grievance ensures that: A resident alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and that such grievance is not referred to a staff member who is the subject of the complaint. The Auditor examined documents (e.g., grievances and investigations) to determine compliance with this substandard.</p> <p data-bbox="280 1668 1481 2074">115.352 (d) SCDJJ Policy 920 Resident Grievance indicates that the agency will 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. According to Upstate, the number of grievances alleged sexual abuse was one. However, a review of Upstate grievances from the past 12 months alleging sexual abuse number was three. All were forwarded to the Office of the Inspector General (OIG) for investigation or action. Incidents/events may be investigated criminally, administratively, or both. Allegations of potential criminal violations involving employees will be completed before an administrative inquiry. As determined by the Inspector General, significant incidents will be reported by the Inspector General to the South Carolina Law</p>

Enforcement Division (SLED) in accordance with the Memorandum of Agreement between SCDJJ and SLED.

If SCDJJ 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)], the agency would notify the resident in writing of any such extension and provide a date by which SCDJJ a decision will be made. In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed was zero, according to the PREA Coordinator.

At any level of the administrative process, including the final story, if the resident does not receive a response within the time allotted for the reply, including any adequately noticed extension, may a resident consider the absence of a response to be a denial at that level.

115.352 (e) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. 115.352 (e)-4, the number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the decision of the resident to decline was zero, according to documents examined and as confirmed by the PREA Coordinator.

SCDJJ Prevention of Sexual Offenses toward Youth Policy 321, Prevention of Sexual Offenses toward Youth, Section B states staff will accept reports made verbally, in writing, anonymously, or from third parties. They are showing compliance with the standard. Interviews with random and specialized staff confirm that all staff is mandated reporters for all PREA-related allegations.

When the resident declines to have the request processed on their behalf, does the agency document the resident's decision according to Resident Grievance Process Policy 920 Section E to demonstrate compliance with the substandard.

A parent or legal guardian of a resident is allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such resident according to the prevention of sexual offenses toward youth Policy 321 Prevention of Sexual Offenses toward Youth Section F, showing compliance with the standard.

During her interview, the PREA Coordinator confirmed if a parent or legal guardian of a resident files a grievance (or an appeal) on behalf of a resident regarding allegations of sexual abuse, those grievances do not require the resident to agree to the complaint to continue, and a request filed on his behalf.

115.352 (f) SCDJJ has established a procedure for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. According to Resident Grievance Process Policy, 920 Section B, emergency grievances demonstrate compliance with the standard.

After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance (or any portion thereof that alleges the significant risk of close sexual abuse) to a level of review at which immediate corrective action may be taken according to Resident Grievance Process Policy 920 Section B emergency grievances demonstrates compliance with the standard.

After receiving an emergency grievance described above, the agency provides an initial response within 24 hours. According to Resident Grievance Process Policy 920 Section B, emergency grievances demonstrate compliance with the standard.

After receiving an emergency grievance described above, the agency issues a final agency decision within five calendar days according to Resident Grievance Process Policy 920 Section B emergency grievances demonstrate compliance with the standard.

The initial response and final decision document the agency's determination whether the resident is at substantial risk of imminent sexual abuse according to Resident Grievance Process Policy 920 Section B emergency grievances demonstrate compliance with the standard. In addition, the initial response document of the agency's action(s) taken in response to the emergency grievance according to Resident Grievance Process Policy 920 Section B emergency grievances demonstrates compliance with the standard.

The agency's final decision documents the agency's action(s) taken in response to the emergency grievance according to Resident Grievance Process Policy 920 Section B emergency grievances demonstrate compliance with this standard.

115.352 (g) The PREA Coordinator confirmed during her interview that if SCDJJ disciplines a resident for filing a grievance related to alleged sexual abuse, it does so ONLY where the agency demonstrates that the resident filed the grievance in bad faith. Residents (100%) (16) interviewed during the onsite portion of the audit denied being disciplined for filing any grievance, including an emergency grievance.

The Auditor reviews grievances filed during this review period. Zero grievances were initiated as an emergency grievance. Zero residents who reported sexual abuse were sampled. The facility is an evaluation center. Residents are either returned to the community or placed in an SCDJJ facility.

A sample of grievances supports that third parties are also permitted to file a grievance on behalf of a resident in Upstate. By examination of grievances from the past 12-month period, this Writer found three (3) grievances filed by either a parent or guardian.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth

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| <ul style="list-style-type: none"><li>• SCDJJ Policy 336 Application of the PREA Standards</li><li>• SCDJJ Policy 330 Reporting Events</li><li>• SCDJJ Policy 122 Internal Audits</li><li>• SCDJJ Policy 328 Investigations</li><li>• SCDJJ Policy 918 Resident Rights and Responsibilities</li><li>• SCDJJ Policy 920 Resident Grievance Process</li><li>• Grievances filed in the past 12-month period</li><li>• Interviews with staff (random and specialized)</li><li>• Interviews with residents (random and targeted)</li><li>• Interview with the PREA Coordinator</li><li>• Resident PREA Brochure</li><li>• Sample of grievances that alleged sexual abuse (3)</li></ul> |
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<p data-bbox="280 237 1007 271"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 315 579 349"><b>Auditor Discussion</b></p> <p data-bbox="280 394 1473 629">115.353 (a) According to the PREA Coordinator, Upstate provides residents access to outside victim advocates for emotional support services related to sexual abuse. Residents are provided contact information by posting notices on all living units and providing the mailing addresses and telephone numbers, including toll-free hotline numbers of local, State, or national victim advocacy or rape crisis organizations in the agency PREA brochure.</p> <p data-bbox="280 674 1481 1122">Problematic, while residents have access to outside victim advocates for emotional support services related to sexual abuse using a toll-free number, the phones on the living units are inoperable. A resident wanting to call the outside victim advocate would need to solicit the assistance of their Social Worker/Counselor. The assigned Social Worker/Counselor to the resident would make the call. This process potentially places a chilling effect on a very sensitive conversation with an outside victim advocate. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. Zero residents who reported sexual abuse in the past 12-month period were present in the facility at the time of the onsite portion of this audit.</p> <p data-bbox="280 1167 1465 1402">The Auditor noted advocacy information posted on all living units during the facility tour. Residents (16) sampled confirmed having access to writing tools in the living units and school. SCDJJ has partnered with the Sexual Trauma Services of the Midlands to provide survivors of sexual abuse with emotional support services. To access these services, contact (803) 771-7273 or send a letter to: 3830 Forest Drive, Suite 201, Columbia, South Carolina 29204.</p> <p data-bbox="280 1447 1353 1514">During her interview, the PREA Coordinator stated that SCDJJ/Upstate never detained persons solely for civil immigration purposes.</p> <p data-bbox="280 1559 1469 1794">Random staff confirmed that residents could access telephones through their Social Workers and are provided envelopes and stamps to write letters. In addition, interviews with random and targeted residents confirm that they can make calls through a Social Worker because the telephones on the unit are inoperable. The random and targeted residents also confirm that they receive visits from approved families or other visitors.</p> <p data-bbox="280 1839 1481 2074">115.353 (b) SCDJJ Policy 336, Application of the PREA Standards, Section E10, Youth Reporting, indicates that the facility informs residents, before giving them access, of the extent to which the agency will monitor such communication and the extent to which reports of abuse will be forwarded to authorities by mandatory reporting laws. The PREA Coordinator confirmed that before giving residents access, SCDJJ would inform the resident if their communications will be monitored and the extent to</p>

which reports of abuse will be forwarded to authorities by mandatory reporting laws before authorization for use.

115.353 (c) SCDJJ and SCDOC maintain a memorandum of understanding or other agreements with community service providers that can provide residents with confidential emotional support services related to sexual abuse.

115.353 (d) By interviewing a sample of residents (16), the Auditor confirmed that Upstate provides residents with reasonable and confidential access to their attorneys, other legal representatives, parents, and legal guardians. In addition, all residents confirmed the process for securing communication with legal counsel, a parent, or guardian through their assigned Social Worker/Counselor or mental health practitioner.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 918 Resident Rights and Responsibilities
- SCDJJ Policy 900 Scope of SCDJJ Clinical Services
- SCDJJ Policy 911 Clinical Crisis Intervention
- SCDJJ Policy 925 Resident Visitation Procedures in Secure Facilities
- SCDJJ PREA Advocate Sexual Trauma Services of the Midlands
- Facility tour observe whether the information on the signage is accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for the service provider/organization name(s), addresses, and phone number(s)).
- Observe where signage is placed in the facility to assess whether the signage is accessible to staff, those confined in the facility, and other persons who may need the information or services provided.
- Observe general secure mailboxes the facility provides for residents
- Verification of resident to writing tools
- Internet search: SCDJJ website
- Interviews with residents (random and targeted)
- Interviews with staff (random and specialized)
- Interview with the facility Director

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|  | <ul style="list-style-type: none"><li>• Interview with the PREA Coordinator</li><li>• Service posted notice: Victims of Sexual Abuse, South Carolina Coalition Against Domestic Violence (English/Spanish)</li></ul> |
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.354 (a) Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? SCDJJ found a method to receive third-party reports of sexual abuse and sexual harassment. In addition, the agency has distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The Auditor examined the notification on the agency website during an internet search.</p> <p>SCDJJ has the agency publicly distributed information on how to report sexual abuse and sexual harassment on behalf of a resident. In addition, the agency has established a method to receive third-party reports of sexual abuse and sexual harassment that can be found on the agency's website.</p> <p><b>The evidence relied upon to make the Auditor's determination:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• SCDJJ website</li> <li>• SCDJJ PREA Brochure</li> <li>• Facility tour and observe signage</li> <li>• Observe language printed on PREA-related posted signage</li> <li>• Observe the location of the posted PREA-related signage</li> <li>• Interviews with residents (random and targeted)</li> <li>• Interview with the PREA Coordinator</li> </ul>

<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 622">115.361 (a) SCDJJ requires 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 it is part of the agency. Interviews with random and specialized staff confirmed knowledge of an agency mandate to report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or retaliation in a facility, whether it is part of the agency.</p> <p data-bbox="280 663 1453 860">The same sample of random and specialized staff each confirmed the agency’s requirement that all staff reports immediately and according to agency policy, any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.</p> <p data-bbox="280 900 1453 976">115.361 (b) Staff interviewed during the onsite portion of this audit confirmed that SCDJJ requires all staff to comply with any applicable child abuse reporting laws.</p> <p data-bbox="280 1016 1461 1214">115.361 (c) As specified in agency policies (e.g., Policy 321, 336, and 326) and apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to sexual abuse reports to anyone other than to the extent necessary, from making treatment, investigation, and additional security and management decisions.</p> <p data-bbox="280 1254 1445 1496">115.361 (d) Medical and mental health practitioners must report sexual abuse to designated supervisors and officials under paragraph (a) of Standard 115.361 and the designated State or local services agency as required by mandatory reporting laws. Interviews with medical and mental health practitioners confirmed the requirement to report sexual abuse to a designated supervisor or designated official.</p> <p data-bbox="280 1536 1442 1653">All medical and mental health practitioners interviewed confirmed a mandate to inform residents of their duty to report and the limitations of confidentiality at the initiation of services.</p> <p data-bbox="280 1693 1465 1809">115.361 (e) During his interview, the facility Director confirmed that upon receiving any allegation of sexual abuse, he would promptly report the allegation to the appropriate office as the facility head or his designee.</p> <p data-bbox="280 1850 1477 2047">During his interview, the facility Director confirmed that upon receiving any allegation of sexual abuse, he, as the facility head or his designee, would 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.</p>

During his interview, the facility Director confirmed that if an alleged victim is under the guardianship of the child welfare system, he, as the facility head or his designee, would promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians.

During his interview, the facility Director confirmed that if a resident court retains jurisdiction over the alleged victim, he, as the facility head or his designee, would also report the allegation to the resident's attorney or other legal representatives of record within 14 days of receiving the allegation.

115.361 (f) During her interview, the PREA Coordinator confirmed that Upstate would report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. (Note: the PREA Compliance Manager recently retired).

Likewise, The PREA Coordinator, during her interview, confirmed that she would report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

Staff (random and specialized) 100% of interviewees confirmed that they understood that SCDJJ requires all staff to comply with applicable child abuse reporting laws, including medical and mental health practitioners.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- 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 Resident
- SCDJJ Policy 326 Reporting Events
- SCDJJ Policy 326A Reporting Events Form
- SCDJJ Policy 124 Confidentiality and Release of Resident Information
- Form 409H Mandated Report of Suspected Abuse or Neglect
- Sample reports of investigations
- SCDJJ website
- PowerPoint Training Curriculum: Mandatory Child Abuse Reporting Laws
- Interviews with staff (random and specialized)
- Interview with the PREA Coordinator

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|  | <ul style="list-style-type: none"><li>• Facility Director</li></ul> |
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<b>115.362</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.362 (a) When SCDJJ/Upstate learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident. SCDJJ/Upstate staff explained their responsibility when they learned that a resident is subject to a substantial risk of imminent sexual abuse.</p> <p>Further, all staff (random and specialized) interviewed indicated that they would take immediate action to safeguard the victim from harm. In addition, the same staff (random and specialized) affirmed they would follow SCDJJ guidelines set forth in policy (e.g., Policy 321 and 336).</p> <p>In an interview with the facility Director, he confirmed when SCDJJ/Upstate learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident.</p> <p><b>The evidence relied upon to make Auditor's determination:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth</li> <li>• SCDJJ Policy 336 Application of the PREA Standards</li> <li>• Internet search: SCDJJ website</li> <li>• Interview with the facility Director</li> <li>• Interview with staff (random and specialized)</li> <li>• Interview with the PREA Coordinator</li> </ul>



115.363	Reporting to other confinement facilities
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.363 (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility of Upstate scheduled a meeting to discuss contacting the PREA Coordinator to initiate the notification process. 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>115.363 (b): The facility Director confirmed that such notification should be provided as soon as possible but no later than 72 hours after receiving the allegation.</p> <p>115.363 (c): The PREA Coordinator confirmed that the agency shall document that it has provided such notification.</p> <p>115.363 (d): The facility Director confirmed head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. Further, the PREA Coordinator also confirmed the agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p>

<b>115.364</b>	<b>Staff first responder duties</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 501">The DJJ Policy 321 Prevention of Sexual Offenses toward Youth, Form 321(B) Protocol for Alleged Sexual Assault involving Penetration, Policy 326 Reporting Events, Sexual Assault Evidence Protocol, and the Sexual Assault Prevention-Coordinated Response collectively address Standard 115.364.</p> <p data-bbox="280 542 1477 658">115.364 (a) Based on random staff interviews, all confirmed that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report is required by policy to take actions such as:</p> <ul data-bbox="280 698 1477 1276" style="list-style-type: none"> <li data-bbox="280 698 871 734">• Separate the alleged victim and abuser.</li> <li data-bbox="280 775 1401 842">• Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.</li> <li data-bbox="280 882 1430 1043">• If the abuse occurred within a time that still allows for the collection of physical evidence, request that the alleged victim does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</li> <li data-bbox="280 1084 1436 1276">• If the abuse occurred within a time that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Upstate is a juvenile evaluation facility; therefore, a resident’s length of stay is brief.</li> </ul> <p data-bbox="280 1290 1461 1406">Documentation of responses to allegations was reviewed in investigative reports. During the onsite facility audit, zero residents who reported sexual abuse remained in the population.</p> <p data-bbox="280 1447 1461 1729">The practice and protocol require staff to take specific steps to respond to a report of sexual abuse, including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; requesting the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence if the abuse took place within a period that still allows for the collection of physical evidence.</p> <p data-bbox="280 1769 1477 1930">115.364 (a) -6 In the past 12 months, the number of allegations that a resident was sexually abused was initially listed as zero. According to the PREA Coordinator and examination of investigative documents, the number of allegations that a resident was sexually abused is two.</p> <p data-bbox="280 1971 1436 2087">115.364 (a) -7 Of these allegations, the number of times the first security staff member responded to the report separated the alleged victim and abuser was initially unreported. However, according to the PREA Coordinator, the number of</p>

times the first security staff member responded to the report separated the alleged victim and abuser is one.

115.364 (b) Non-security staff (4/security contract workers) interviewed indicated that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Note: Non-security staff interviewed indicated their role is restricted to the control room and exterior gatehouse. However, the security contract workers confirmed their knowledge of their responsibility if they were first responders to a PREA-related incident.

Staff (random and specialized) (100%) interviewed confirmed a clear understanding of the actions to be taken upon learning that a resident was sexually abused, such as a 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 period that still allows for the collection of physical evidence.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- Protocol for Alleged Sexual Assault Involving Penetration (Coordinator Response Plan)
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- SCDJJ Form 321(B) Protocol for Alleged Sexual Assault Involving Penetration
- SCDJJ Policy 326 Reporting Events
- SCDJJ Policy 124 Confidentiality and Release of Juvenile Information
- Interview contract security staff
- Interview with the PREA Coordinator
- Interview with a first responder (security)
- Interview with a first responder (non-security)
- Reviewed First Responders Card
- Reviewed agency-mandated 3-hour training is offered monthly for all security staff termed PREA and the Implementations for SCDJJ.

<b>115.365</b>	<b>Coordinated response</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 875">115.365 (a): A facility-written coordinated action plan among first responders, including medical and mental health practitioners, investigators, and facility leadership, outlines responses to be taken in response to an incident of sexual abuse. The agency-coordinated response is more than merely an agency-wide plan. Facilities across the state, including Upstate, individualize the statewide Safety Plan for Allege Sexual Abuse and Sexual Harassment. The development of a statewide safety plan is a template for coordinated actions among facility first responders. Form 321 C, Safety Plan, allows each facility to address the specific incident in question, and consider the facility mission, facility structure, resident dynamics, and facility programming, according to the PREA Coordinator. Aspects of Form 321 C, Safety Plan is seen as uniform across DJJ and stipulates use statewide. For example, pages 1 - 2 of the Safety Plan for Allege Sexual Abuse outline the role and responsibility of the facility first responder team and facility leadership such as:</p> <ol data-bbox="280 954 1461 1451" style="list-style-type: none"> <li>1) Upon notification of an alleged incident of sexual abuse or sexual harassment, the employee accepting the allegation will immediately notify their shift supervisor and follow all directives under Policy 321, Prevention of Sexual Offenses towards Youth</li> <li>2) Upon notification of an alleged incident of sexual abuse or sexual harassment, this instance will be treated as a priority one event. Therefore, the Unit Manager/ Captain will arrange for immediate contact with the following: <ol data-bbox="280 1249 963 1451" style="list-style-type: none"> <li>a) Facility Administrator / Designee</li> <li>b) Facility Clinician of Record or On-call Clinician</li> <li>c) Facility Medical Staff</li> <li>d) Facility PREA Compliance Manager</li> <li>e) Agency PREA Coordinator</li> </ol> </li> </ol> <p data-bbox="280 1491 1477 1899">DJJ Policy 336, Application of the PREA Standards, identifies the role and responsibilities of facility staff/contractors in coordination among first responders. The agency's Protocol for Alleged Sexual Assault involving Penetration is facility-specific. DJJ medical practitioner (registered nurse, nurse practitioner, or physician) assesses the resident and provides treatment for any injuries or conditions requiring immediate care. After the assessment, the medical practitioner will determine if transport to a local hospital emergency department is medically appropriate. All residents that alleged sexual assault involving Penetration will be transported to a local hospital for a forensic examination unless the reporting timeframe exceeds standard medical practices to capture forensic evidence:</p> <ol data-bbox="280 1939 1477 2051" style="list-style-type: none"> <li>1. Columbia area institutions will send the resident to Palmetto Health Richland</li> <li>2. Upstate Evaluation Center will send the resident to Spartanburg Regional Medical Center</li> </ol>

3. Coastal Evaluation Center will send the resident to the Medical University of South Carolina (MUSC)

Moreover, and as outlined in the PREA Standards Overview, the coordinated plan ensures that the facility has developed a written plan requiring that the actions of all initial responders are coordinated so that their interventions following an incident of sexual abuse are organized, timely, and deliberately and systematically focused on the needs of the victim. DJJ PREA-related policies mandate facility staff to protect the safety and security of the victim, preserve and safeguard physical evidence, identify and secure any perpetrators and conduct a timely investigation of the incident.

<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.366 (a) According to the PREA Coordinator, the South Carolina Department of Juvenile Justice is not a collective bargaining agency; therefore, this standard is not applicable. SCDJJ Policy 336, Application of the PREA Standards, follows the Federal Prison Rape Elimination Act (PREA), Juvenile Facility Standards, which sets standards for preventing, detecting, and reporting sexual abuse and sexual harassment.</p> <p>115.366 (b): Nothing in this standard shall restrict SCDJJ from entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) 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 according to PREA Coordinator.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<p data-bbox="280 188 1007 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1481 584">115.367 (a): The agency has established, Policy 321 Prevention of Sexual Offenses toward Youth and Policy 336 Application of the PREA Standards, 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="280 622 1465 824">115.367 (b): The agency utilizes 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, according to the facility Warden.</p> <p data-bbox="280 862 1481 1480">115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or 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 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. By examination, Upstate documented two incidents of sexual abuse. One incident was determined as unfounded. The second incident remains under investigation by SLED an outside entity for potential criminal behavior. The accused employee terminated her employment before the incident came to light. Intended communication with the resident was attempted by mail and by telephone. The facility took measures to protect the resident from communicating with the accused employee by monitoring mail and telephone communications.</p> <p data-bbox="280 1518 1417 1597">115.367 (d): In the case of residents, such monitoring shall also include periodic status checks when appropriate as confirmed by the PREA Coordinator.</p> <p data-bbox="280 1635 1425 1753">115.367 (e): According to the agency designee, 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.</p> <p data-bbox="280 1792 1473 1870">115.367 (f): The agency's obligation to monitor terminates if the agency determines that the allegation is unfounded as confirmed by the PREA Coordinator.</p> <p data-bbox="280 1908 568 1942"><b>Corrective Action:</b></p> <p data-bbox="280 1980 1481 2101">Additional information is required to determine compliance with Standard 115.367. Evidence uploaded 2/22/23. No additional action is necessary. In the past 12 months, Upstate documented 2 incidents of sexual abuse/sexual harassment. Of the</p>

	<p>two incidents, incident "A" was determined as unfounded and retaliation monitoring terminated. The second incident "B" remains under investigation with SLED, an outside law enforcement entity. Noteworthy, the alleged staff on resident incident came to light after the accused staff person terminated her employment with the agency but continued to attempt to contact a resident at Upstate.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.368 (a) The facility Director confirmed during her interview that any use of segregated housing to protect a resident alleged to have suffered sexual abuse would be subject to the requirements under Standard 115.342. More, the facility Director indicated that segregation for PREA-related reasons would be used as a last resort for all incidents. Further, according to the facility Director, Upstate would employ segregation for the minimal amount of time necessary while the facility was exploring other options. In a random sample of residents, all denied being placed in segregation after alleging to have suffered sexual abuse. During separate interviews with the facility Director, the PREA Coordinator, and the facility PREA investigator, the Auditor confirmed that the number of residents who alleged sexual abuse in the past 12 months, post allegation protective custody, remained zero since the submission of the PAQ.</p> <p><b>The evidence relied upon to make Auditor's determination:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• SCDJJ Policy 926 Scope of Activity Therapy, Recreation, and Leisure Services</li> <li>• SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth</li> <li>• SCDJJ Policy 336 Application of the PREA Standards</li> <li>• Interview with staff (random and specialized)</li> <li>• Interview with the PREA Coordinator</li> <li>• Interview with PREA investigator</li> <li>• Interview with random residents (16)</li> <li>• Interview with staff: Segregation</li> <li>• Interview with staff: Education</li> <li>• Review of PREA-related documents related to segregation (0)</li> <li>• Review of grievances</li> </ul>

<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1474 622">115.371 (a) SCDJJ Policy 328 Investigations addresses this standard. SCDJJ conducts its own investigations into allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. During her interview, the PREA investigator confirmed that her investigations were prompt, thorough, and objective. A review of investigative reports confirms that SCDJJ/Upstate investigations are prompt and objective. The same investigator confirmed that physical files are stored in locked storage areas or electronically.</p> <p data-bbox="280 663 1422 860">The Division of Investigative Services will accept complaints, allegations, and grievances through verbal and written reports from employees, juveniles, volunteers, and a third-party or anonymous concerned individual. Each report is classified as administrative and criminal and will be thoroughly investigated and documented.</p> <p data-bbox="280 900 1430 1061">During her interview, the facility PREA investigator confirmed that SCDJJ/Upstate conducts PREA-related investigations for all allegations, including third-party and anonymous reports. Moreover, the Office of Investigations leads SCDJJ criminal, third-party, administrative, and anonymous investigations.</p> <p data-bbox="280 1102 1482 1339">115.371 (b) Where sexual abuse is alleged, SCDJJ employs the use investigators who have received specialized training in sexual abuse investigations involving resident victims as required by 115.334. A review of specialized training for investigators (1) confirms that SCDJJ employs investigators who have received specialized training in sexual abuse investigations involving resident victims as required by Standard 115.334.</p> <p data-bbox="280 1379 1477 1832">115.371 (c) The facility PREA investigator confirmed that in her role as an investigator, she gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. The Auditor determined that the investigator interviews alleged victims, suspected perpetrators, and witnesses and review prior reports and complaints of sexual abuse involving the suspected perpetrator. Upon notification, South Carolina Law Enforcement Division (SLED), a state governmental agency with an MOU with SCDJJ, may assume investigative jurisdiction or elect to work jointly with the Investigations Section. Decisions by SLED on whether to undertake an investigation will be made exclusively by SLED. This is also true when SLED receives a report from an external source regarding an SCDJJ facility.</p> <p data-bbox="280 1872 1461 2069">SCDJJ, the agency, documents administrative and criminal investigations. When appropriate, potentially criminal investigations were forwarded to SLED. SCDJJ uses investigators who have received specialized training in sexual abuse investigations involving resident victims as required by 115.334. The investigator interviewed confirmed that in her role as an investigator, she gathers and preserves direct and</p>

circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews alleged victims, suspected perpetrators, and witnesses, and reviews prior reports and complaints of sexual abuse involving the suspected perpetrator.

115.371 (d) The PREA investigator confirmed for the Auditor that SCDJJ always refrains from terminating an investigation solely because the source of the allegation recants the allegation. Furthermore, the same investigator confirmed that as an investigator for SCDJJ, she refrains from terminating an investigation solely because the source of the allegation recants the allegation.

115.371 (e) The PREA investigator confirmed during her interview that when the quality of evidence appears to support a criminal prosecution, SCDJJ would only compel interviews only after consulting with SLED and the prosecutors' office as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

115.371 (f) SCDJJ/agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on that individual's status as resident or staff, according to the PREA investigator.

SCDJJ agency investigates 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 with an investigation, according to the PREA investigator. In addition, by examining investigative reports, the Auditor found no evidence that a resident was subjected to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

115.371 (g) During separate interviews with a member of the Incident Review Team and the PREA investigator, each confirms that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse.

Investigative reports include findings in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. These investigative reports include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.371 (h) Criminal investigations are 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, by an external entity termed SLED.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- SCDJJ Policy 328 Investigations

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|  | <ul style="list-style-type: none"><li>• Interview with staff (specialized)</li><li>• Interview with the PREA investigator</li><li>• Interview with the PREA Coordinator</li><li>• Investigative reports</li></ul> |
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.372 (a) SCDJJ Policy 328 Investigations addresses this standard. SCDJJ/Upstate shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, according to the PREA investigator.</p> <p><b>The evidence relied upon to make Auditor's determination:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• SCDJJ Policy 328 Investigations</li> <li>• SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth</li> <li>• SCDJJ Policy 336 Application of the PREA Standards</li> <li>• SCDJJ Policy 920 Juvenile Grievance Process</li> <li>• Investigation documents (Event Reports)</li> <li>• Memorandum of Understanding with SLED</li> <li>• Interview with PREA investigator</li> <li>• Interview with the PREA Coordinator</li> </ul>

<b>115.373</b>	<b>Reporting to residents</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1436 582">115.373 (a): DJJ Policy 328 Investigations states following an investigation into a resident's allegation of sexual abuse suffered in a DJJ facility, the agency shall inform the resident whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded according to the PREA Coordinator. The agency delegates the residents' notification regarding an investigation's outcome to the Juvenile Relation Coordinator.</p> <p data-bbox="280 622 1461 864">115.373 (a) -2 The number of criminal and administrative investigations of alleged resident sexual abuse completed by the agency/facility in the past 12 months was initially indicated as zero. This subsection has been amended to reflect the number of criminal and administrative investigations of alleged resident sexual abuse that were completed. Upstate has one incident at the time of the audit as a pending criminal investigation.</p> <p data-bbox="280 904 1471 1146">15.373 (a)-3 Of the alleged sexual abuse investigations completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was initially reported as zero. This subsection has been amended to reflect one alleged sexual abuse investigation completed in the past 12 months and the number of residents who were notified, verbally or in writing, of the investigation results.</p> <p data-bbox="280 1187 1461 1299">115.373 (b): If DJJ did not conduct the investigation, the agency would request that SLED provide relevant information from the investigative agency to inform the resident, according to the PREA Coordinator.</p> <p data-bbox="280 1339 1433 1496">115.373 (b) - 3 Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: one</p> <p data-bbox="280 1536 1477 1863">115.373 (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted related to sexual abuse within the facility, or (4) DJJ/Upstate learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="280 1904 1436 2060">115.373 (d): Following a resident's allegation that another resident has sexually abused them, DJJ/Upstate shall subsequently inform the alleged victim whenever: (1) DJJ learns that the alleged abuser has been indicted related to sexual abuse within the facility, or (2) The agency learns that the alleged abuser has been</p>

convicted on a charge related to sexual abuse within the facility.

115.373 (e): DJJ Policy 328 Investigations mandates that the facility documents all such or attempted notifications.

115.373 (e) -2 In the past 12 months, the number of notifications to residents that were provided pursuant to this standard was initially indicated as zero. This subsection has been amended to reflect one as the number of notifications to residents that were provided pursuant to this standard.

115.373 (e)-3 Of those notifications made in the past 12 months, the documented number was zero.

This subsection has been amended to reflect this. Of those notifications made in the past 12 months, the documented number was one.

115.373 (f): DJJ's obligation to report under this standard terminates if the resident is released from the agency's custody, according to the PREA Coordinator.

<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1430 501">115.376 (a) SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, 336 Application of the PREA Standards, 328 Investigations, 322 Alleged Abuse and Neglect of a Juvenile, toward Juveniles, 228 Progressive Employee Discipline, and 326 Reporting Events collectively support Standard 115.376.</p> <p data-bbox="280 542 1477 824">SCDJJ staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies according to the SCDJJ Progressive Discipline Guidelines/Standards Chart used as a guide for supervisors and managers in response to specific offenses. The employee disciplinary guidelines also consider any history of misconduct. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse, according to the PREA Coordinator.</p> <p data-bbox="280 864 1477 976">115.376 (b) The severity of disciplinary sanction reflects the seriousness of the individual offense. However, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p data-bbox="280 1016 1477 1263">115.376 (c) SCDJJ Policy 228, Progressive Employee Discipline indicates that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) are 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 records.</p> <p data-bbox="280 1303 1477 1711">115.376 (d) Unless the employee violations were not criminal behavior, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) are 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 records. In addition, 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, are reported to agencies such as law enforcement agencies and licensing bodies (unless the activity was not criminal), according to the PREA investigator.</p> <p data-bbox="280 1751 1477 2033">In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero, according to OAS and investigative reports, as confirmed by the PREA Coordinator. Likewise, in the past 12 months, the number of staff from the facility who have been terminated (or resigned before termination) for violating agency sexual abuse or sexual harassment policies was zero, according to OAS and investigative reports confirmed by the PREA Coordinator.</p>



**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth
- 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
- Interview with the PREA Coordinator
- Interview with the PREA investigator
- Interview with the Assistant HR Director

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.377 (a) During his interview, the facility Director confirmed that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and reported to law enforcement or licensing bodies unless the activity is not criminal behavior. It should be noted that Upstate did not allow volunteers in the facility due to the pandemic.</p> <p>115.377 (b) In the case of any other SCDJJ violation of sexual abuse or sexual harassment policies by a contractor or volunteer, Upstate would take appropriate remedial measures and consider whether to prohibit further contact with residents, according to the facility Director. In the past 12 months, zero (0) staff, contractors, or volunteers were terminated for violating the facility's PREA policies, as confirmed by an examination of investigative reports and interviews with the PREA investigator and PREA Coordinator.</p> <p><b>The evidence relied upon to make Auditor's determination:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• SCDJJ Policy 336 Application of the PREA Standards</li> <li>• SCDJJ Policy 328 Investigations</li> <li>• SCDJJ Policy 322 Alleged Abuse and Neglect of a Juvenile</li> <li>• SCDJJ Policy 326 Reporting Events</li> </ul> <p>Interview with the PREA Coordinator</p> <ul style="list-style-type: none"> <li>• Interview with the facility Director</li> <li>• Interview with the Assistant Human Resource (HR) Director</li> <li>• Interview with PREA investigator</li> <li>• Sample: Sexual Abuse Incident Reviews</li> <li>• Review of investigative reports</li> </ul>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1469 584">115.378 (a) During separate interviews with the PREA investigator and PREA Coordinator, each confirmed that 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, that same resident is subject to disciplinary sanctions under a formal disciplinary process. By examination, the Auditor determined that SCDJJ has a formal disciplinary process.</p> <p data-bbox="280 622 1477 904">10 SCDJJ systems include authorized methods used to manage youth behavior. They are (1) rewarding positive behavior, (2) youth progressive discipline, (3) Calm/Cooperative/Safe (CCS) Compliance Assessments, (4) determinate sentence good behavior credit, (5) the behavior management RECLAIM System, (6) Calming Rooms (7) Disciplinary Hearings, (8) placement in/reassignment to specialized program housing (to include intensive treatment), (9) the Behavior Intervention Team and (10) isolation/room confinement.</p> <p data-bbox="280 943 1477 1397">SCDJJ Policy 924, Juvenile Behavior Management - Incentive System and Progressive Discipline, the Juvenile Progressive Discipline Chart shows SCDJJ has a formal juvenile disciplinary process. Interviews with random residents (16) confirmed the existence of a formal disciplinary process. Zero residents were interviewed who reported sexual abuse. Upstate is a diagnostic evaluation center. SCDJJ operates three regional evaluation centers - Coastal, Midlands, and Upstate. Each agency's evaluation center provides court-ordered evaluations for adjudicated juveniles from the midlands area before the final disposition of their cases. The facilities provide comprehensive psychological, social, and educational assessments to guide the court's disposition of cases. The facilities serve youth ages 11 to 17. By law, adjudicated juveniles' stay cannot exceed 45 days.</p> <p data-bbox="280 1435 1469 1637">115.378 (b) By examination of the Juvenile Progressive Discipline Chart shows SCDJJ has a formal juvenile disciplinary process and that disciplinary sanctions are 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 records.</p> <p data-bbox="280 1675 1469 1919">During her interview, the Captain of Security indicated that if PREA-related disciplinary sanction results in the isolation of a resident, SCDJJ/Upstate Evaluation Center would ensure that the resident is not denied daily large-muscle exercise. Additionally, residents serving disciplinary sanctions in isolation receive educational programming, which includes special education according to a sample of random residents when applicable.</p> <p data-bbox="280 1957 1477 2069">In separate interviews with mental health and medical practitioners, each confirmed that when residents are placed in isolation, each resident receives visits daily visits. In addition, mental health and medical practitioners must document the visits on a</p>

daily confinement cell check form.

If a disciplinary sanction results in the isolation of a resident, the resident will have access to some behavior incentives (e.g., game room) and work opportunities to the extent possible.

115.378 (c) When determining what types of sanction, the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to their behavior, as confirmed by a mental health practitioner during her interview. Any disciplinary sanctions imposed would 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.

115.378 (d) To the extent Upstate offers counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to provide the offending resident participation in such interventions. Upstate is a diagnostic evaluation center. SCDJJ operates three regional evaluation centers - Coastal, Midlands, and Upstate. Each agency's evaluation centers provide court-ordered evaluations for adjudicated juveniles from the midlands area before the final disposition of their cases. The facilities provide comprehensive psychological, social, and educational assessments to guide the court's disposition of cases. The facilities serve youth ages 11 to 17. By law, adjudicated juveniles' stay cannot exceed 45 days.

During an interview with a mental health practitioner, they denied that SCDJJ requires participation in such interventions because of access to any rewards-based behavior management system or other behavior-based incentives. Further, the agency always refrains from requiring such participation as a condition for accessing general programming or education.

115.378 (e) According to the Captain of Security, SCDJJ would impose disciplinary sanctions for a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378 (f) A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. A resident who knowingly and intentionally submits a false report will be subject to disciplinary sanctions consistent with SCDJJ Polices 328, Investigations and 924, Juvenile Behavior Management - Incentive System and Progressive Discipline. Staff interviews indicated for disciplinary action; a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying if the investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g) In its discretion, SCDJJ prohibits all sexual activity between residents. SCDJJ always refrains from considering non-coercive sexual activity between

residents as sexual abuse, according to the PREA Coordinator. More, 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.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- Documentation PREA Related Disciplinary Sanctions for Residents (0)
- Investigation Packages (Event Reports) #All investigation reports and results
- Juvenile Progressive Discipline Chart
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 328 Investigations
- SCDJJ Policy 924 Juvenile Behavior Management - Incentive System and Progressive Discipline
  - Interview with residents (random and targeted)
  - Interview with the PREA Coordinator
  - Interview with staff (specialized)
  - Interview with the Captain of Security

<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 707">115.381 (a) If the screening according to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or 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 by SCDJJ Policy 500 Detention Center Admissions. During her interview, a mental health practitioner confirmed that if a resident presents with a history of prior sexual victimization, whether it occurred in an institutional setting or 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 if not sooner.</p> <p data-bbox="280 748 1477 1115">The PAQ indicates that in the past 12 months, the percentage of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was zero. VVSAS screening documents sampled by the Auditor indicate that a medical and mental health practitioner reviewed (100%) all documents. The Auditor reviewed 36 intakes of VVSAS documents. Because Upstate is an inclusive evaluation center, the facility's mission is to complete court-ordered evaluation or screen a resident for criminogenic and secure placement considerations. It is important to note that Upstate Evaluation Center is a short-term placement with resident stays up to 45 days by law.</p> <p data-bbox="280 1155 1477 1393">The Admission Intake Specialist II, responsible for completing the initial risk screening risk during the intake process, was interviewed. The intake staffer explained the intake process, as no residents were scheduled for intake at Upstate during the audit. Likewise, the Auditor interviewed random and targeted residents during the audit process. All residents sampled confirmed receiving a follow-up meeting with a mental health practitioner, according to 115.341.</p> <p data-bbox="280 1433 1477 1590">115.381 (b) If the screening according to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or the community, SCDJJ staff ensures that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p data-bbox="280 1630 1477 1912">115.381 (c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions (e.g., housing, bed, work, education, and program assignments), or as otherwise required by Federal, State, or local law, as confirmed by medical and mental health practitioners interviewed during the onsite portion of the audit.</p> <p data-bbox="280 1953 1477 2074">115.381 (d) Medical and mental health practitioners interviewed during the audit confirmed a mandate to obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional</p>

setting unless the resident was under 18.

According to the facility PAQ found in OAS, in the past 12 months, the percentage of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow-up meeting with a mental health practitioner was zero. By examination, the Auditor determined that a mental health practitioner screened (100%) residents assigned to the Upstate Evaluation Center as a part of the intake process.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- SCDJJ Medical/Mental Health Screen/Health Screening Forms (36) - MAYSI Screening Report
- 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 Youth
- 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
- Sample of VVSAS screening documentation
- Interviews with medical and mental health practitioners

<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1477 542">115.382 (a) Interviews with medical and mental health practitioners confirmed that a resident victim of sexual abuse would 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 data-bbox="280 577 1465 779">115.382 (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, random custody staff interviewed confirmed that as a first responder, a preliminary step would be to protect the victim, according to § 115.362 and to immediately notify the shift supervisor and the appropriate medical and mental health practitioners.</p> <p data-bbox="280 815 1465 1146">115.382 (c) Interviews with medical and mental health practitioners (2) confirmed that a resident victim of sexual abuse would be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care where medically appropriate. Emergency Health Care: Juveniles with medical emergencies will be transported to a community hospital emergency room as determined by the Emergency Medical System handling the transport and consistent with policy 615R, Medical Emergency.</p> <p data-bbox="280 1182 1445 1344">115.382 (d) Interviews with medical and mental health practitioners (2) confirmed that treatment services would be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="280 1379 1222 1415"><b>The evidence relied upon to make Auditor's determination:</b></p> <ul data-bbox="280 1451 1394 2033" style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth</li> <li>• SCDJJ Policy 336 Application of the PREA Standards</li> <li>• SCDJJ Policy 605 Sick Call Process</li> <li>• SCDJJ Policy 328 Investigations</li> <li>• SCDJJ Policy 603 Juvenile’s Unimpeded Access to Health Care</li> <li>• SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care</li> <li>• SCDJJ Policy 328 Investigations</li> </ul>



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|  | <ul style="list-style-type: none"><li>• SCDJJ Policy 918 Juvenile Rights and Responsibilities</li><li>• SCDJJ Policy 920 Juvenile Grievance Process</li><li>• Resident Safety Plans</li><li>• Form 321(B) Protocol for Alleged Sexual Assault Involving Penetration</li><li>• Interview with specialized staff (medical practitioner/mental health)</li><li>• Interview with random staff (first responders)</li><li>• Interview with the PREA Coordinator</li><li>• Investigation Packages (Event Reports)</li></ul> |
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.383 (a) Upstate Evaluation Center offers 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 residential facility. Treatment services offered by medical and mental health practitioners are limited in duration but consistent with SCDJJ Policy 918, Juvenile Rights and Responsibilities, and SCDJJ Policy 601, Scope of Health Services and Responsible Health Authority. In addition, juveniles will receive a continuum of care appropriate for victims of sexual offenses as outlined in SCDJJ Policy 911, Clinical Crisis Intervention.</p> <p>115.383 (b) Upstate Evaluation Center offers medical and mental health evaluation and treatment of sexual abuse victims to 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 as confirmed in separate interviews the Auditor conducted with a medical and mental health practitioner.</p> <p>115.383 (c) Upstate Evaluation Center provides victims of sexual abuse with medical and mental health services consistent with the community level of care, as confirmed during separate interviews the Auditor conducted with a medical and mental health practitioner.</p> <p>115.383 (d) This substandard does not apply. Upstate is an “all-male” facility with zero residents who identify as transgender men who may have female genitalia.</p> <p>115.383 (e) This substandard does not apply. Upstate is an “all-male” facility with zero residents who identify as transgender men who may have female genitalia.</p> <p>115.383 (f) This Auditor interviewed a medical practitioner from the Upstate Evaluation Center. The practitioner confirmed that a resident victim of sexual abuse while incarcerated is offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.383 (g) This Auditor interviewed a medical and mental practitioner from the Upstate Evaluation Center. Each confirmed in separate interviews that treatment services are provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.</p> <p>115.383 (h) This Auditor interviewed a mental practitioner from the Upstate Evaluation Center. The practitioner confirmed that UEC attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning such abuse history and offers treatment when deemed appropriate by</p>

mental health practitioners. Further, the Auditor confirmed by examination that the Upstate Evaluation Center evaluated a known resident-on-resident incident and developed a safety plan for the victim and the alleged abuser.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- Protocol for Alleged Sexual Assault (Attachment)
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 603 Juvenile's Unimpeded Access to Health Care
- SCDJJ Policy 907 Trauma-Informed Care and Trauma-Specific Treatment
- SCDJJ Policy 918 Juvenile Rights and Responsibilities
- SCDJJ Policy 601 Scope of Health Services and Responsible Health Authority
- Interview with specialized staff (medical and mental health practitioners)
- Interview with the PREA Coordinator
- Review of investigative reports
- Review of PREA investigative Checklist

<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 579 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1474 539">115.386 (a) The Auditor found that the Upstate Evaluation Center conducts a sexual abuse incident review after every sexual abuse investigation unless the allegation was deemed unfounded, according to the PREA Coordinator and Incident Review Team member. In this case, the Auditor found that the Upstate Evaluation Center does not conduct a sexual abuse incident review.</p> <p data-bbox="280 580 1458 779">115.386 (b) The Upstate Evaluation Center will typically carry out a sexual abuse event review after every sexual abuse investigation. However, it will be carried out no later than thirty days after the inquiry's conclusion. During the period under consideration, the Upstate Evaluation Center did not conduct any investigations linked to the PREA.</p> <p data-bbox="280 819 1481 1061">115.386 (c) According to the Sexual Abuse and Sexual Harassment, Incident Review Form issued by the South Carolina Department of Juvenile Justice on August 3, 2022, members of the incident review team came from the following positions: assistant facility administrator, institutional program coordinator, nurse manager, psychological evaluator, social worker manager, student services coordinator, and PREA Coordinator.</p> <p data-bbox="280 1102 1474 1344">115.386 (d) Based on an examination of an Upstate Evaluation Center, South Carolina Department of Juvenile Justice, Sexual Abuse and Sexual Harassment, Incident Review Form, dated 8/3/2022, the Auditor concluded that the facility takes into consideration whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. This conclusion was reached after the Auditor reviewed the form.</p> <p data-bbox="280 1384 1474 1666">An examination of a form titled "Sexual Abuse and Sexual Harassment, Incident Review Form," which was issued by the Upstate Evaluation Center of the South Carolina Department of Juvenile Justice on August 3, 2022, revealed to the Auditor that the facility takes into account whether the allegation or investigation indicates: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived.</p> <p data-bbox="280 1706 1458 1989">Following an examination of a form titled "Sexual Abuse and Sexual Harassment, Incident Review Form," which was issued by the Upstate Evaluation Center of the South Carolina Department of Juvenile Justice on August 3, 2022, the Auditor came to the conclusion that the facility takes into account whether the allegation or investigation: Examines the area in the facility where the incident allegedly occurred to determine whether physical barriers in the area may have enabled abuse.</p> <p data-bbox="280 2029 1385 2065">The Upstate Evaluation Center, South Carolina Department of Juvenile Justice,</p>

Sexual Abuse and Sexual Harassment, Incident Review Form, dated 8/3/2022, was examined by the auditor, who concluded that the facility considers whether the allegation or investigation: Assess the adequacy of staffing levels in that area during different shifts. This conclusion was reached because the auditor reviewed the form.

After reviewing a document titled "Upstate Evaluation Center, South Carolina Department of Juvenile Justice, Sexual Abuse and Sexual Harassment, Incident Review Form," which was dated August 3, 2022, the Auditor concluded that the review team was tasked with determining whether monitoring technology ought to be implemented or enhanced to supplement the supervision provided by staff.

After conducting an examination of an Upstate Evaluation Center, South Carolina Department of Juvenile Justice, Sexual Abuse and Sexual Harassment, Incident Review Form, dated 8/3/2022, the auditor concluded that the review team: Prepares a report of its findings, including but not necessarily limited to determinations made under 115.386(d)(1) - (d)(5), and any recommendations for improvement, and submits such a report to the facility head and PREA Coordinator.

115.386 (e) The Auditor determined, based on an examination of an Upstate Evaluation Center, South Carolina Department of Juvenile Justice, Sexual Abuse and Sexual Harassment, Incident Review Form, dated 8/3/2022, that the review team, when applicable, either makes recommendations for improvement or documents its reasons for not doing so, as confirmed by PREA Coordinator. This information was gleaned from the examination of the form of an interview.

**The evidence relied upon to make Auditor's determination:**

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- 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
- Interview with PREA Coordinator
- Interview with Incident Review Team
- Interview with PREA Compliance Manager (retired before the onsite portion of the facility audit)

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.387 (a) SCDJJ collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions SCDJJ uses a standardized tool with definitions to collect accurate, uniform data for every allegation of sexual assault. The tool includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice. A review of the annual report revealed that the PREA Coordinator completed according to this standard.</p> <p>115.387 (b) SCDJJ aggregates the incident-based sexual abuse data at least annually as confirmed by the PREA Coordinator, and examination of 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>115.387 (c) By examination, the Auditor determined that 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.</p> <p>115.387 (d) By examination, the Auditor determined that SCDJJ maintains, reviews, and collects data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.387 (e) By examination, the Auditor determined that SCDJJ obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p>115.387 (f) By examination, the Auditor determined that SCDJJ, upon request, the agency provides all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p><b>The evidence relied upon to make Auditor's determination:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• Interview with the PREA Coordinator</li> <li>• Survey of Sexual Victimization 2018, State Juvenile Systems Summary Form</li> <li>• Survey of Sexual Victimization 2020, State Juvenile Systems Summary Form</li> </ul>

<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.388 (a): After corrective action, the Auditor determined that DJJ has reviewed data collected and aggregated according to § 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>115.388 (b): The report includes a comparison of the current year's data and corrective actions with those from prior years and shall assess the agency's progress in addressing sexual abuse.</p> <p>115.388 (c): The report was approved by the agency head/designee and made readily available to the public through its website. The Auditor verified the public posting of the information.</p> <p>115.388 (d): According to the PREA Coordinator, DJJ may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p><b>Corrective action:</b></p> <ol style="list-style-type: none"> <li>1. DJJ will provide the Auditor with data collected and aggregated according to § 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole with the approval of the agency head/designee.</li> <li>2. DJJ will make public the collection of data.</li> </ol>

115.389	Data storage, publication, and destruction
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.389 (a) SCDJJ ensures that data collected under § 115.387 are securely retained. The standard requires that data be collected and securely retained for ten years unless applicable laws require otherwise. The PREA Coordinator confirmed that DJJ securely collects all data according to § 115.387.</p> <p><b>Corrective Action:</b></p> <ol style="list-style-type: none"><li>1. SCDJJ Policy 123 Retention says three years. Specific Retention Schedules are prepared and approved for the Department and will contain the Department's name. Detailed retention schedules are generally developed for records unique to an agency (e.g., juvenile records). The Auditor is requesting additional evidence to determine compliance with this standard.</li></ol>



<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401 (a) During the prior three-year audit period, the Auditor determined that SCDJJ ensures that each facility operated by the agency or by a private organization on behalf of the agency was audited at least once.</p> <p>115.401 (b) This is not the first year of the current audit cycle. Upstate Evaluation Center in 2019. The agency met this substandard in the prior year. In 2021, eight facilities underwent PREA audits.</p> <p>115.401 (h) The Auditor confirms that she had access to and could observe all areas of the audited facility.</p> <p>115.401 (i) The Auditor confirms that she could request and receive copies of any relevant documents (including electronically stored information).</p> <p>115.401 (m) The Auditor confirms that she could conduct private resident interviews. In addition, the Auditor ensured that information about the PREA audit (e.g., 6-Week Notice of Audit) was posted in all housing units by asking residents about the notice and how long it has been posted and requesting evidence of the posting of the notices.</p> <p>115.401 (n) Residents from Upstate Evaluation Center were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. The Auditor received zero confidential letters from residents of the facility.</p> <p><b>The evidence relied upon to make Auditor's determination:</b></p> <ul style="list-style-type: none"> <li>• Pre-Audit Questionnaire</li> <li>• Interview with the PREA Coordinator</li> <li>· Ensure that information about the PREA audit (e.g., Notice of Audit) is posted in all housing units. Ask residents about the notice and how long it has been posted. Interview with the</li> <li>· Facility tour</li> <li>· Resident interviews</li> </ul>

115.403	Audit contents and findings
	<p data-bbox="280 188 1007 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 580 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1465 501">115.403 (f) SCDJJ has published on its agency website, made publicly available, all Final PREA Audit Reports. The review period is for prior audits completed during the past three years preceding this agency audit. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision.</p> <p data-bbox="280 542 1222 577"><b>The evidence relied upon to make Auditor's determination:</b></p> <ul data-bbox="352 640 967 716" style="list-style-type: none"><li data-bbox="352 640 826 676">• Internet search: SCDJJ website</li><li data-bbox="352 680 967 716">• SCDJJ PREA audits posted on the website</li></ul>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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

<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	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"	yes

	or areas where staff or residents may be isolated)?	
	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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.)	yes

<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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.)	no
	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.)	yes
	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?	no
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: 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

<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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



<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)	na
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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

<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes



<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating 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
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (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
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.331 (a)</b>	<b>Employee training</b>	
	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

<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	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
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	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
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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

<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	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

<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	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
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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



<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (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.)	na
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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

<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	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
<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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

<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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?)	yes
	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?)	yes
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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

<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	<p>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.</p>	no
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	<p>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.)</p>	yes
	<p>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.)</p>	yes
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	<p>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.)</p>	yes
	<p>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.)</p>	yes



<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by 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

<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide 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
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes



<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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

<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	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

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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

<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes



<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to 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

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do 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
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(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.)	na
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.387 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.387 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
<b>115.387 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes



<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, 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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes