

## Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim       Final

Date of Report March 23, 2019

### Auditor Information

Name: Adam T. Barnett	Email: Adam30906@gmail.com
Company Name: Diversified Correctional Services, LLC	
Mailing Address: P.O. 20381	City, State, Zip: Augusta Ga. 30916
Telephone: 706-550-7978	Date of Facility Visit: August 6-7, 2018

### Agency Information

Name of Agency South Carolina Department of Juvenile Justice		Governing Authority or Parent Agency (If Applicable) State of South Carolina	
Physical Address: 4900 Broad River Rd, Columbia, SC 29212		City, State, Zip: 4900 Broad River Rd. Columbia, SC 29212	
Mailing Address: same		City, State, Zip: Same	
Telephone: 803-896-9749		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Agency mission: It is the mission of the South Carolina Department of Juvenile Justice (DJJ) to protect the public and reclaim juveniles through prevention, community services, education, and rehabilitative services in the least restrictive environment.			
Agency Website with PREA Information: <a href="http://www.state.sc.us/djj/">http://www.state.sc.us/djj/</a>			

### Agency Chief Executive Officer

Name: Freddie Pough	Title: Agency Director
Email: FBPOUG@SCDJJ.NET	Telephone: 803-896-9595

## Agency-Wide PREA Coordinator

Name: Kenneth L. James	Title: Agency PREA Coordinator
Email:KLJAMES@SCDJJ.NET	Telephone:803-896-9527
PREA Coordinator Reports to: R. Michael Smith, Administrator/Quality & Compliance	Number of Compliance Managers who report to the PREA Coordinator <sup>1</sup>

## Facility Information

Name of Facility: Juvenile Detention Center			
Physical Address:1725 Shivers Road Columbia, South Carolina 29210			
Mailing Address (if different than above):same			
Telephone Number:803-896-9440			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Detention	Correction	<input type="checkbox"/> Intake <input type="checkbox"/> Other
Facility Mission: It is the mission of the South Carolina Department of Juvenile Justice (DJJ) to protect the public and reclaim juveniles through prevention, community services, education, and rehabilitative services in the least restrictive environment.			
Facility Website with PREA Information: <a href="http://www.state.sc.us/djj/">http://www.state.sc.us/djj/</a>			

Is this facility accredited by any other organization?  Yes  No

## Facility Administrator/Administrator

Name: Crayman Harvey	Title: Facility Administrator
Email:CJHARV@SCDJJ.NET	Telephone:803-896-9441

## Facility PREA Compliance Manager

Name: Milicent Thompson	Title: Lieutenant
Email:MCTHOM@SCDJJ.NET	Telephone:803-896-9440

## Facility Health Service Administrator

Name: Christine Gaston	Title: Nurse Manager
Email:CWGAST@SCDJJ.NET	Telephone:803-896-9283

## Facility Characteristics

Designated Facility Capacity:72		Current Population of Facility:60	
Number of residents admitted to facility during the past 12 months			55
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:			41
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			51
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	11 - 20		
Average length of stay or time under supervision:			11 days
Facility Security Level:			Secure Confinement
Resident Custody Levels:			Secure Confinement
Number of staff currently employed by the facility who may have contact with residents:			73
Number of staff hired by the facility during the past 12 months who may have contact with residents:			9
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			142

## Physical Plant

Number of Buildings:1		Number of Single Cell Housing Units:6	
Number of Multiple Occupancy Cell Housing Units:		5	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		0	

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

The facility is equipped with a video surveillance system that includes cameras with recording capabilities.

## Medical

Type of Medical Facility:	Infirmery/Local Hospital
Forensic sexual assault medical exams are conducted at:	Palmetto Richland Medical Hospital

## Other

Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	21
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1

# Audit Findings

## Audit Narrative

### Methodology:

The PREA audit of the Juvenile Detention Center (JDC) was conducted August 6-7, 2018. JDC is operated by the South Carolina Department of Juvenile Justice (SCDJJ). The Juvenile Detention Center (JDC) hereinafter may be referred to as the facility.

The auditor will use a triangular method approach, by connecting the PREA audit documentation, on-site observation, tour, practice, interviewed staff, residents, local and national advocates to make determinations for each standard.

### Pre-onsite audit phase:

During the pre-onsite audit phase, the facility received instructions to post the required PREA Audit Notice of the upcoming audit prior to the audit for confidential communications. As of August 4, 2018, there were no communications from residents and staff.

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

Advocacy Organization	Note (s)
SC Prison Rape Crisis Advocate Sexual Trauma Services of the Midlands (STSM)	- First Call: 10/16/18 @ 11:38am no answer. - Second Call: 10/22/18 @12:11pm, the advocate staff stated that two residents requested services; however, only one was provided five weeks of services. The second youth was transfer out the center services area. The center also stated that there were no concerns.
Just Detention International (JDI)	- Information request submitted 10/11/18. No response.
South Carolina Coalition Against Domestic Violence and Sexual Assault	- Information request submitted 10/11/18. No response.
National Sexual Violence resource Center (NSVRC)	- Information request submitted 10/11/18. No response.

The auditor and associate ask the local and/or national advocacy organizations the following questions:

1. How many SAFE or SANE referrals made in the last 12 months?
2. Can the resident remain anonymous, upon request, when making a report?
3. Who do you notify at the facility regarding the report?
4. How many reports have the organization received in the last 12 months for advocacy services?
5. How many residents reported sexual abuse and/or sexual harassment?

The Pre-Audit Questionnaire was completed and sent to the auditor as required. As a part of the on-site visit the auditor requested that the facility PREA compliance manager review and revised the Pre-Audit Questionnaire to reflect updated information to include the current population.

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

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

The following documentation was requested for the on-site audit phase:

- Resident Roster (100%)
- Residents with Disabilities
- Residents who are Limited English Proficient (LEP)
- LGBTI Residents
- Residents in segregated housing (PREA Related)
- Residents who Reported Sexual Abuse
- Residents who Reported Sexual Victimization During Risk Screening
- Staff Roster
- List of Specialized Staff
- Staff Personnel Files
- Resident Files
- List of Contractors who have contact with Residents
- List of Volunteers who have contact with Residents
- Grievances made in the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit
- General Incident Log
- All hotline calls made during the 12 months preceding the audit
- All incidents within the past 12 months

## **On-Site:**

The on-site audit process was a team approach. The audit team consisted of Adam T. Barnett, Sr., USDOJ Certified Juvenile and Adult PREA Auditor (Lead Auditor) and Latera Davis (Associate). Mrs. Davis currently works as the Director of Victim and Volunteer Services for the Georgia Department of Juvenile Justice. She is a Licensed Clinical Social Worker, Certified Child Forensic Interviewer, Certified Victim Advocate, Certified Juvenile Sex Offender Counselor, POST Instructor Trainer, as well as a Certified Peer Grant Reviewer for the Department of Justice Programs. Mrs. Davis has completed the Department of Justice PREA class for Certified Auditors, May 2018 and is now a certified PREA auditor.

On August 6, 2018, the entrance conference was held and attended by:

- USDOJ Certified PREA auditor
- Agency PREA coordinator
- Agency PREA specialist
- Facility administrator
- Facility captain
- Facility PREA compliance manager

Welcomes were given by the facility administrator. The auditor introduced himself and provided a brief description of his experiences, qualifications, correctional and auditing background. The auditor also shared information regarding Latera Davis, the associate. The audit agenda was reviewed and discussed, to include resident population size based on first day, and a review of the second day activities. Additional pre-onsite audit information requested weeks prior to the on-site visit was obtained.

## **Tour**

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

During the tour, the auditor observed the locations of video monitoring cameras inside and outside of the facility. The cameras are monitored 24 hours a day. None of the cameras fields of view included the toilet and shower areas in the living units. The auditor noted that shower and toilet areas allow residents to shower ensuring their privacy from staff direct viewing. The auditor observed the locations of grievance boxes and discussed how often grievances were collected. Resident's phones were checked to ensure they were working with a dial tone and hotline number. The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility.

There was sufficient opportunity to view resident and staff interaction. There was ample time to observe the nature and quality of resident supervision throughout the on-site audit process;

and in all instances the auditor observed appropriate respect on the part of both residents and staff. The following staff youth ratios were observed during the tour.

Location	Staff to Youth Ratios
Classrooms	No Classes in Session
Outside Recreation	2 Officers: 9 Residents (Compliant)
Housing Unit – D- Wing	1 Officer: 11 Residents(Non-Compliant)
Housing Unit – E- Wing	1 Officer: 11 Residents(Non-Compliant)
Housing Unit – B- Wing	1 Officer: 9 Residents(Non-Compliant)
Housing All other Wings Met Ratio	1:8 During Awake Hours (Compliant)

The PREA standards require the auditor to tour the facility to verify compliance with the standards. The following areas and location were visit.

Location	Check
Facility Physical Design	✓
Cameras and Surveillance Technology Deployment	✓
Resident Housing	✓
Cross-Gender announcements when entering living areas	✓
Observe for Blind Spots	✓
Notices of the PREA Audit Posted	✓
Phones and Kiosks ( <i>If applicable</i> )	✓
Holding Rooms/Cells	✓
Segregated Rooms/Cells	None
Residents Files in Secured Area	✓
Staff Personal Files in Secured Area	✓
PREA Information Posted English & Non-English	✓
Bathroom and Shower Procedures	✓
Cameras does not have a line of sight into resident's rooms, or the toilet and showers	✓
No New or Renovated areas observed	✓
Residents Program Areas	✓
Facility was orderly in appearance	✓
Grounds	✓
Reactions between residents and staff	✓
Intake	✓
Administration Area	✓
Storage Rooms & Closets	✓
Mail Room	None
Commissary	None
Laundry	✓

Dining	✓
Kitchen	None
Visitation	✓
Library	✓
Inside Recreation Area	✓
Outside Recreation Area	✓
Grievances	✓
Medical Area	✓
Control Room Monitors	✓
Counselors/Social Workers Areas	✓
Resident Housing Units: ( 6 Units)	✓
Sally Ports	✓

## Facility Characteristics

### Facility Demographics:

# of Full-Time Staff Reported First Day of Audit	76
# of Part-Time Staff Reported First Day of Audit	0
Types of Supervision Practiced:	Custodial Supervision; Surveillance Equipment
Resident Housing: # of Housing Units	6
# of Segregation Cells (Administrative & Disciplinary)	0
Facility Resident Designed Capacity	72
Actual Number of Residents Housed on the first Day	60
Custody/Security Level in the facility	Secure Confinement
Gender Composition	Males and Females
Length of Stay over 72 Hours	11 Days

### Facility Background, Physical Plant and Security Supervision:

The facility is located at 1725 Shivers Road, Columbia, South Carolina. The Juvenile Detention Center is a centralized pretrial detention facility, serving juveniles from most of South Carolina's 46 counties (several counties, including Richland and Charleston, operate their own long-term and short-term detention facilities). The Detention Center is a secure, short-term facility providing custodial care and treatment to male and female juveniles ages 11 to 17 detained by law enforcement agencies and the family courts prior to disposition. Youth awaiting trial on serious and violent charges reside at DJJ's Detention Center to ensure public safety and the juvenile's immediate availability for court proceedings. A new, expanded Detention Center opened in 2001, replacing a historically overcrowded facility.



The Juvenile Detention Center is a secured facility with a secured link fence. All staff and visitors enter through the front gate house with 24 hours supervision. The youth are supervised by Juvenile Correctional Officers.

### **Facility Programs**

The facilities have Education, Medical Treatment and Mental Health programs.

- Education Program:
  - o Each juvenile attends school during their stay at the Juvenile Detention Center. The center is part of the SCDJJ Special School District, where all teachers are certified. Each juvenile will continue in the grade/classroom placement they most recently attended while in the community, including receiving special education services as appropriate.
  
- Medical Treatment:
  - o Medical exams and sick calls are conducted by an appropriate health care professional and the Detention Center nursing staff for any non-emergency medical problems. Minor first aid is administered by the Detention Center staff according to protocols established by the medical director. All medical emergencies are handled by EMS or a designated hospital. Dental problems are assessed by the dispensary nursing staff and referred to the dentist.
  
- Mental Health:
  - o Each youth receives a brief mental health screening upon admission to the Detention Center. A master's level social worker reviews, and if mental health concerns are identified, a referral is made to the Detention Center psychologist, DJJ psychiatrist, the mental health liaison stationed at the Detention Center, or to other applicable services. The primary objective of the mental health screening is to ensure the emotional well-being of youth in detention and to provide a linkage to appropriate community-based services for the youth upon release from detention.

### **The Agency Mission:**

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

**The Facility Mission:**

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

**Accreditation:**

None

**Staff Interviewed:**

The auditor conducted interviews with the following agency leadership, which are not counted in the totals. Below are the staff interviewed, either on-site, by telephone, or at the SCDJJ Center Office.

- Agency Head: Central Office
- Agency PREA coordinator: Facility On-Site
- Facility PREA compliance manager: Facility On-Site

The facility reported 72 staff members on the first day of the audit, 72 full-time and 0 part-time. Interviews were conducted with the following specialized staff during the on-site visit or by phone:

Note: Auditor interaction with staff doing PREA Orientation Statewide Training Central Office Class was 32 staff members.

Category of Staff Interviewed	# Interviews Conducted
Random Staff (Total) Note: <i>Selected from All Shifts</i>	16
Specialized Staff (Total)	26
Staff Informally Interviewed during Facility Tour/Central Office	8
Staff Refused to interview	0
<b>Total Staff</b>	<b>50</b>
Breakdown of Specialized Staff Interviews or Met With	
✓ Facility administrator	1
✓ Agency contract administrator	0
✓ Deputy director for Investigative Services	1
✓ Management review supervisor	1
✓ Chief investigator	1
✓ Staff responsible for conducting unannounced rounds / to identify and deter staff sexual abuse and sexual harassment	1
✓ Medical staff	1
✓ Mental health staff	1
✓ Non-medical staff involved in cross-gender strip or visual searches	1

✓ Administrative (Human Resources) HR staff Central Office	4
✓ SAFE and/or SANE staff	0
✓ Volunteers who have contact with residents	1
✓ Contractors who have contact with residents	1
✓ Investigative staff – agency level	1
✓ Investigative staff – facility level	0
✓ Staff who preform screening for risk of victimization and abusiveness	1
✓ Staff who supervise residents in segregated housing	0
✓ Designated staff member charged with monitoring retaliation	1
✓ First responders, security staff	1
✓ First responders, non-security staff	2
✓ Intake staff	2
✓ Grievance coordinator	1
✓ Volunteer coordinator	1
✓ Captain	1
✓ Case manager/social worker	1
✓ Staff who works with incidents	1
<b>Total Specialized Staff Interviews</b>	<b>26</b>

**Note:** Specialized staff interviewed was responsible for more than one of the specialized staff duties; therefore, the number of specialized staff interviews presented in the table above exceeds the number of specialized staff interviewed.

The auditor informally interviewed 8 staff members from the facility and central office. A review of the total of 50 formal and informal interviews revealed that staff at JDC and the central office has an understanding of PREA and their roles as it relates to PREA responsibilities.

**Resident Interviewed:**

On the first day of the audit the facility designed capacity 72. The number of residents housed during the first day of the audit was 60. The auditor and/or the associate interviewed residents during the on-site phase of the audit:

<b>Category of Residents</b>	<b># of Interviews Conducted</b>
Random Residents (Total) Note: <b>Selected from all Housing Units</b>	15
Targeted Residents (Total)	1
Residents Informally Interviewed during Facility Tour	4
Residents Refused to Interview	0
<b>Total Residents Interviewed</b>	<b>20</b>
<b>Breakdown of Targeted Resident Interviews</b>	
✓ Resident with a Physical Disability ( <i>Wheel chairs, etc.</i> )	0
✓ Residents who are Blind, Deaf, or Hard of Hearing	0
✓ Residents who are LEP ( <i>None English Speaking Residents</i> )	0
✓ Residents with a Cognitive Disability	0
✓ Residents who Identify as Lesbian, Gay, or Bisexual	0
✓ Residents who Identify as Transgender or Intersex	0

✓ Residents in Segregated Housing for High Risk of sexual Victimization	0
✓ Residents who Reported sexual Abuse that occurred at the Facility	1
✓ Residents who Reported Sexual Victimization During Risk Screening ( <i>Prior to arrival to the facility</i> )	0
<b>Total Number of Targeted Residents Interviews</b>	<b>1</b>

The auditor informally interviewed four residents. A review of the total number of 20 formal and informal interviews revealed that residents at JDC are receiving proper PREA education. Interviewed residents could describe PREA and the different ways to report allegations of sexual abuse and harassment at the facility: verbal, written, to staff or third parties, by mail, by telephone, anonymously, to a family member as third-party reporting, etc.

### Records Review

Name of Record	Total # of Records	# Sampled
Personnel Records/Documentation - Background Clearances - PREA Acknowledgment Statements	72	18
Volunteers and Contractors Files/Documentation	21	3
Training Files/Documentation/Records - Training Rosters	72	30 (Staff Documentation)
Resident Records - Residents PREA Acknowledgment Statements - Orientation Checklist	60	16
Medical / Mental Health Records (Victims)/Documentation	4	4
Grievance Forms (All Complaints, including Sexual Abuse and Sexual Harassment)	128	128
Incident Reports	69	0 (Problem with the system for review)
Investigation Records (including Sexual Abuse and Sexual Harassment))	16	16

### Investigations

Date of Incident	Date Reported	Involved	Reported Method
8/29/17	8/29/17	Juv. on Juv.	Event Report
9/8/17	9/8/17	Juv. on Juv.	Event Report
11/28/18	11/28/17	Juv. on Juv.	Event Report
1/8/18	1/8/18	Juv. on Juv.	Event Report
1/29/18	1/29/18	Juv. on Juv.	Event Report
Unknown	2/23/18	Staff on Juv.	Event Report
3/22/18	3/22/18	Juv. on Juv.	Event Report
3/31/18	3/31/18	Juv. on Juv.	Event Report
4/4/18	4/5/18	Juv. on Juv.	Event Report
4/6/18	4/6/18	Juv. on Juv.	Event Report

4/13/18	4/13/18	Juv. on Juv.	Allegation
5/7/18	5/7/18	Juv. on Juv.	Event Report
6/4/18	6/4/18	Juv. on Juv.	Event Report
6/6/18	6/6/18	Juv. on Juv.	Event Report
Unknown	6/28/18	Staff on Juv.	Allegation
Unknown	6/25/18	Staff on Juv.	Allegation & Event Report

## Reporting Source

	Sexual Abuse		Sexual Harassment	
	Resident on Resident	Staff on Resident	Resident on Resident	Staff on Resident
Hotline	0	0	0	0
Grievances	1	2	0	0
Reported to Staff	8	1	0	0
Anonymous, 3 <sup>rd</sup> party	0	0	0	0
Reported by Staff	4	0	0	0
<b>Total</b>	<b>13</b>	<b>3</b>	<b>0</b>	<b>0</b>

There were 16 PREA allegations during the audit period, and a review of the files reflects concerns with timely completions. It was noted that the auditor had concerns with the processing of one case.

## Summary of Audit Findings

The agency PREA coordinator requested that the auditor conducted the exit conference for JDC and MEC facilities on August 10, 2018 at the agency central office with agency and facility officials. Agency and Facility officials were very open and receptive to an honest discussion of areas that were non-compliant.

The following were standards and provisions that were non-compliant.

### Standard 115.313: Supervision and Monitoring

- **Concern:** Each secure juvenile facility are required to maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which are fully documented.

The following chart is based on the facility tour timeframe.

Location	Staff to Youth Ratios
Classrooms	No Classes in Session
Outside Recreation	2 Officers: 9 Residents (Compliant)
Housing Unit – D- Wing	1 Officer: 11 Residents (Non-Compliant)
Housing Unit – E- Wing	1 Officer: 11 Residents (Non-Compliant)

Housing Unit – B- Wing	1 Officer: 9 Residents (Non-Compliant)
Housing All other Wings Met Ratio	1:8 During Awake Hours (Compliant)

1. D-Wing Living Unit did not meet the 1:8 ratio during awake hours ratio 1:11 during wake hours - 11:15a.m. Staff justification for meeting the ratio is 5 residents are in the dayroom and the other six residents are locked in their rooms.
2. E-Wing Living Unit did not meet the 1:8 ratio during awake hours ratio 1:11 (time 11:18am)
3. B-Wing Living Unit did not meet the 1:8 ratio during awake hours ratio 1:9 (time 11:00am)
4. It appears the reasons for ratios non-compliance is the relief facts (Resident's visitation, medication and staff breaks, etc.).
  - o **Corrective Action:** The agency provided documentation from DSO-Division of Security Operations for Detention Center dated 08/14/18, first shift stating, "I patrolled all living, activity areas along with the grounds of this facility for conditions of security, health, fire, life safety, good order, and cleanliness". Staff information: Mandatory Post Coverage Met

**Rating: Compliant – process must continue.**

- **Concern:** Laundry Room needs a mirror to eliminate blind spot behind the washer.
  - o **Corrective Action:** The facility provided proof that the mirror was installed to eliminate the blind spot.

**Rating: Compliant**

- **Concern:** In the control room for living units A, B and C, the camera monitor is out for Unit C and classroom.
  - o **Corrective Action:** The facility provided work orders for repairing the monitors, and sent pictures of the working monitors.

**Rating: Compliant**

- **Concern:** Medical Hall – camera monitor is out.

- o **Corrective Action:** The facility provided a work order for repairing the monitor.

**Rating: Compliant**

- **Concern:** Side door to C-Wing will not lock (Facility provided work order dated August 7, 2018).

- o **Corrective Action:** The facility provided work order for repairing the locks.

**Rating: Compliant**

- **Concern:** Side door to F-Wing will not lock (Facility provided work order dated August 7, 2018).

- o **Corrective Action:** The facility provided work order for repairing the lock.

**Rating: Compliant**

- **Concern:** The facility staff does not close and secure doors; the doors are left unlock for staff convenience.

- o **Corrective Active:** The facility provided a directive to all staff instructing that all doors need to be secure at all times.

**Rating: Compliant**

### **Standard 115.315: Limits to Cross-gender Viewing and Searches**

- **Concern:** The standard requires the agency to implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing.

During the facility tour, it was observe that the intake room needs PREA shower curtains. Currently staff in the property room can view male or females residents fully nude.

- **Corrective Action:** The facility provided proof that the PREA shower curtains were installed, ensuring that staff cannot view male or female residents fully nude.

**Rating: Compliant**

- **Concern:** A-Wing Living Unit needs PREA shower curtains to block staff and other residents from viewing residents who are showering from being seen fully nude.
  - **Corrective Action:** The facility provided proof that the PREA shower curtains were installed, which stops staff and other residents from viewing residents showering from being seen fully nude.

**Rating: Compliant**

### **Standard 115.317 – Hiring and Promotion Decisions**

- **Concern:** The standard requires the agency not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with resident who:
  1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
  2. 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;
  3. Hire or promoted person has been civilly or administratively adjudicated to have engaged in any sexual activity.

The agency does not ask applicants, new hires or promote staff information regarding prior history of sexual abuse as required by the standard and cannot provided documentation.

- **Corrective Action:** On August 7, 2018, several representatives from the Office of Human Resources, including the HR Director met with the auditor to review and determine if this office complied with the PREA standard 115.317. After the review, it was determined that there was a deficiency. The Office of Human Resources corrected this deficiency on August 7, 2018 and provided the auditor with evidence and proof of the correction via email. The deficiency was correct by adding the required information in a question format as a part of the State



Employment Application under the agency-wide questions section of the application.

**Rating: Compliant**

### **Standard 115.332: Volunteer and contractors**

- **Concern:** The standard requires the agency to ensure that all volunteers and contractors who have contact with residents have been train on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Interview with a volunteer on-site indicated that the facility or agency has not provided the required PREA training.

- o **Corrective Action:** The agency provided documentation that the volunteer received the required PREA training and signed documentation stating they understood the zero-tolerance policy.

**Rating: Compliant**

- **Concern:** The language in the volunteer protocol needs to require volunteers to report PREA incidents immediately to staff and/or supervisor on duty. The current language requires volunteers to report PREA incidents to the Office of Volunteer Services or the Facility Volunteer coordinator, which delays the reporting process of sexual abuse and/or sexual harassment.

Interview with the facility volunteer coordinator revealed that two weeks ago a volunteer reported that a female resident pulled her the side and reported that she was a part of a "sex trafficking group". According the facility volunteer coordinator, it was reported to the Office of Volunteer Services. I have requested all documentations to include the investigation report. It appears that the PREA allegation did not get to the appropriate office in a timely manner.

- o **Corrective Action:** The agency provided a memo in response to item "5" on the Corrective Action Plan form provided; the following item have been completed. To correct the deficiency, the Juvenile Detention Center provided the PREA Unit with a copy of the completed form A-5.5F; Volunteer's Certification of Orientation and DJJ Policy H-Agreement, to ensure compliance with Juvenile Facility standard 115.332 (a) and DJJ Policy H-3.16 (D).

## Standard 115.341: Obtaining information from residents (PREA Screenings)

- **Concern:** The standard requires, within 72 hours of a resident' arrival at the facility and periodically throughout a resident's confinement, that the facility obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Such assessment shall be conducted using an objective screening instrument an at a minimum, ascertain of the information below:
  - Prior sexual victimization or abusiveness;
  - Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
  - Current charges and offense history;
  - Age;
  - Level of emotional and cognitive development;
  - Physical size and stature;
  - Mental illness or mental disabilities;
  - Intellectual or developmental disabilities;
  - Physical disabilities;
  - The resident's own perception of vulnerability; and
  - Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The facility does not have a risk of sexual victimization and abusiveness screening instrument that meets all 11 requirements of the standard. The facility is not conducting PREA Screenings. However, the facility is conducting intake screenings, medical screening, and mental health screenings. The facility practice does not ensure that all residents are assessed for risk of sexual victimization and abusiveness during the intake screening using an objective screening instrument.

Additionally, the facility must consider prior acts of sexual abuse, prior convictions for violent offenses, and any history of prior institutional violence or sexual abuse if known to the facility.

The agency introduced the auditor to the MAZIE system as a screening system; however, this system does not assess or reassess all of the required components for risk of sexual vulnerability or abusiveness. The agency has created and provided the auditor with a standardized risk assessment tool to screen for sexual vulnerability or abusiveness

instrument adapted with permission from the Colorado Division of Youth Services, 2017 with assistance from the PREA Resource Center, 2018. The new draft standardized risk assessment tool met all requirements include in the standard. The agency has formed a committee that includes psychologists and social workers to formalize the new process and oversee the implementation.

The agency also provided the guidelines on how to complete the PREA screening instrument and how to apply information obtained. Implementation of the new screening instrument was introduced at JDC and MEC facilities.

The New Vulnerability of Victimization or Sexual Aggression Screening (VVSAS) PREA Screening Instrument obtains the following information from the residents.

- Demographics
- Juvenile Information
- Juvenile Interview
- Age of Youth
- Experience in Institution
- Social Skills
- Perception of Risk
- History of Victimization
- Offense Type
- Violent Offense
- Intellectual Impairment
- Lack of “Fit” Adjustment
- SOGIE (Sexual Orientation, Gender Identity and Gender Expression)
- Medical Disabilities
- Mental Health
- VVSAS Scoring: Vulnerability to Victimization, Sexually Aggressive Behavior, Violent Aggressive Behavior and Overall Score
- Overall Risk Score
- Screening Override (Justification comments and override supervisor comments)

The committee reported that during the implementation process there were problems with the VVSAS Scoring: Vulnerability to Victimization, Sexually Aggressive Behavior, Violent Aggressive Behavior and Overall Scoring. The screening instrument was send to the Agency IT Offices for corrections.

This standard remains non-compliant because the agency is having problems with the implementation of the new screening instrument. According to the agency PREA

coordinator the agency will needs more time for the IT Office to correct the problem. The 180 days corrective action period began 9/24/18 and will end 3/24/19.

**Rating: Non-Compliant**

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

- **Concern:** The standard requires the facility to use all information obtained from the Vulnerability to Victimization, Sexually Aggressive Behavior, and Violent Aggressive Behavior instrument to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

The agency is not conducting PREA screening, without the implementation of the New VVSAS instrument the facility are unable to use all information obtained to make housing, bed, program, education, and work assignment for residents with the goal of keeping all residents safe and free from sexual abuse.

The agency has provided the auditor with a copy of the draft Vulnerability of Victimization or Sexual Aggression Screening (VVSAS) standardized risk assessment tool. This standard remains non-compliant because the agency is having problems with the implementation of the new screening instrument. According to the agency PREA coordinator the agency will needs more time for the IT Office to correct the problem. The 180 days corrective action period began 9/24/18 and will end 3/24/19.

**Rating: Non-Compliant**

**Standard 115.351 – Resident Reporting**

- **Concern:** The standard requires the facility to provide least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Interviews with staff indicated that if a resident was detained solely for civil immigration purposes and requested information, the facility does not have the required information on

how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

- **Corrective Action:** After a discussion with the facility administrator, the facility downloaded and printed copies of the civil immigration resource book from the United States Department of State/Homeland Security that will be maintain in the intake office and the resident library. Effective 08/07/18 at 4:13 pm the required documents were placed in the facility library and intake office.

**Rating: Compliant**

**Standard 115.352: Exhaustion of administrative remedies**

- **Concern:** During the review of the 2017, grievances for JDC there were questions as to when an administrative review (grievance) stopped and an investigation began.
  - **Corrective Action:** The agency Office of the Inspector General (OIG) provided a statement clearly defining when a grievance review ends and a criminal investigation starts. Agency policy revisions have been submitted and are in process.

**Rating: Compliant**

- **Concern:** A review of the alleged PREA grievances indicated that a resident filed a grievance on 06/25/18 and the grievance was not picked up from the grievance box until 06/27/18. The current process allows for grievances not to be picked up for days, allowing for an allegation to go longer than a day or two without being addressed.
  - **Corrective Action:** The agency processes have been updated to require that grievances boxes are checked at a minimum of three times per week by juvenile & family relations coordinators. When unavailable, the facility administrator or their designee will ensure grievances are retrieved in a timely manner.

The Office of the Inspector General and Juvenile and Family Relations staff, along with the PREA Unit revised the process for retrieving grievances. Grievance boxes will be checked three times a week.

**Rating: Compliant**

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

- **Concern:** The standard requires the facility to 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, and for persons detained solely for civil immigration purposes, immigrant services agencies

Interviews with staff indicated that if a resident was detained solely for civil immigration purposes and requested information, the facility does not have the required information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

- o **Corrective Action:** After a discussion with the facility administrator, the facility downloaded and printed copies of the civil immigration resource book from the United States Department of State/Homeland Security that will be maintain in the intake office and the resident library. Effective 08/07/18 at 4:13 pm the required documents were placed in the facility library and intake office.

**Rating: Compliant**

### **Standard 115.363: Reporting to other confinement facilities**

- **Concern:** The standard requires the facility upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and notify the appropriate investigative agency.

After reviewing 128 grievance reported for the past 12 months, it was revealed that Grievance # 6726 had an investigation starting time that is questionable. Interview with the investigator indicated that the information was entered into the system; however, staff was not aware of it. The grievance status now is pending criminal investigation by OIG.

- o **Corrective Action:** The agency (OIG) provided a statement clearly defining when a grievance review ends and a criminal investigation starts. Agency policy revisions have been submitted and are in process.

**Rating: Compliant**

Upon receiving an allegation that a resident was sexually abused while confined at another facility (Seacoast Youth Academy), the facility administrator or designee that received the allegation did not notify the facility administrator where the alleged abuse occurred soon as possible, but no later than 72 hours after receiving the allegation, and ensure that the allegation is investigated. This process did not occur.

Interview with the facility administrator indicated that Seacoast Youth Academy facility administrator was not notified. This alleged PREA incident was reported 43 days late.

- **Corrective Active:** The agency provided documentation that the Juvenile Detention Center Director contacted the Director of Seacoast Academy regarding the reported allegations of sexual abuse occur it that facility. The facility provided a copy of the email of the communication used to notify the Director of Seacoast Academy to the agency PREA Unit and the OIG investigating the alleged abuse.

**Rating: Compliant**

#### **Standard 115.367: Agency Protection against Retaliation**

- **Concern:** The agency shall protect all residents and staff, who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual investigations, from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation. DC reported 16 PREA allegations. The facility could not provide documentation that any allegations were monitor for retaliation.
  - **Corrective Action:** The PREA Unit has developed a formal monitoring form that will be used to document all retaliation activities. A copy of the title “PREA Retaliation Monitoring Form” was provided to the auditor.

**Rating: Compliant**

#### **Standard 115.371: Criminal and Administrative Agency Investigations**

- **Concern:** A review of the agency policies, to include the agency Investigations policy number I-3.5, does not have guidance regarding timeframes in closing PREA investigations.

DOJ Investigative question #6 “What would be the first steps in initiating an investigation and how long would they take?” The investigator could not give a timeframe when PREA should be closed.

A meeting with the Office of Investigations (chief investigator, agency investigator, management review supervisor, agency PREA coordinator, and the deputy director for Investigative Services) timeframes for closing out a case is not documented anywhere as understood from the meeting.

- **Corrective Action:** The agency inspector general and chief of investigations, along with the quality control manager for the Division of Investigative Services have specified time frames for investigations to start and end. This includes a concession for extensions if additional time is needed. Agency policy is being updated to reflect the new process.

**Rating: Compliant**

#### **Standard 115.401: Frequency and Scope of Audits**

- **Concerns:** During the three-year period starting on 8/20/13, and during each three-year period thereafter, the agency did not ensure that each facility operated by the agency was audited at least once.
  - **Corrective Action:** The agency PREA coordinator discussed/presented a plan to ensure that all facilities will receive a PREA audit according to DOJ PREA standards within every three years.

**Rating: Compliant**

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

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

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



**Number of Standards Exceeded** 0

**Number of Standards Met** 41

115.311, 115.312, 115.313, 115.315, 115.316, 115.317, 115.318, 115.321, 115.322, 115.331, 115.332, 115.333, 115.334, 115.335, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 115.382, 115.383, 115.386, 115.387, 115.388, 115.389, 115.401, 115.403

**Number of Standards Not Met** 2

115.341, 115.342

## PREVENTION PLANNING

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

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

#### 115.311 (a)

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

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  Yes  No

#### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)

Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. Agency Organizational Chart
2. Documentation Designating an upper level agency PREA coordinator
3. Facility Organizational Chart
4. Documentation Designating an facility PREA compliance manager
5. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
6. Director's Update (3/1/18)
7. SCDJJ Policy H-3.15 – Prevention of Sexual Offenses toward Juveniles (A1,A2,A3,B1,B2,C1,C2)
8. SCDJJ Policy H-3.16 – Application of the PREA Standards (A,B) – 03/05/18
9. Interviews:
  - a. Agency head/director
  - b. PREA coordinator
  - c. Facility administrator
  - d. Facility PREA compliance manager

**A.** The State of South Carolina Department of Juvenile Justice and the Juvenile Detention Center published the above agency policies. The policies mandate a zero tolerance toward all forms of sexual abuse and sexual harassment. The policies together outlined the agency's approach to prevent, detect, and respond to sexual abuse and sexual harassment. The agency policy clearly defines general definitions and definitions of prohibited behaviors to include sexual abuse and sexual harassments.

- B. The Agency designates an upper level PREA coordinator for the agency that has sufficient time and authority to develop, implement and oversee efforts to comply with the PREA Standards in all of its facilities.
- C. The Juvenile Detention Center has a designated Facility PREA compliance manger to implement and ensure that the PREA Standards are followed. The facility PREA compliance manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

**Interview Results:**

- Interviewed agency head confirmed the appointment of an agency statewide PREA coordinator as a full time position to oversee PREA operations within all facilities.
- Interviewed agency PREA coordinator confirmed appointment as the agency PREA coordinator.
- Interviewed facility administrator confirmed the appointment of a facility PREA compliance manager to oversee PREA operations within the facility.
- Interviewed facility PREA compliance manager confirmed appointment as the facility PREA compliance manager.

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

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

**115.312 (a)**

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  Yes  No NA

**115.312 (b)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. Request for Proposal / Marine & Wilderness Camps for SCDJJ
2. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
3. Interviews:
  - a. Facility administrator
  - b. Facility PREA compliance manager

- A.** The Juvenile Detention Center does not have authority to contract with other entities for the confinement of residents.

A review of the Pre-Audit Questionnaire Juvenile Facilities and confirmed by staff interview:

- In the past 12 months, the number of contracts for the confinement of residents that the facility entered into or renewed with private entities or other government agencies since the last PREA audit reported was zero.

## Interview Results

- Interviewed facility administrator and the facility PREA compliance manager confirmed that the facility does not and has not contracted with any other entity for the confinement of residents.

## Standard 115.313: Supervision and monitoring

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

### 115.313 (a)

- Does the 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No
- 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 No

- 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  No
- 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  No
- 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  No
- 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  No

### 115.313 (b)

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

### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)  Yes  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

Supporting Documents, Interviews and Observations

1. SCDJJ Policy G-9.41A PREA Unannounced
2. SCDJJ Policy G-9.41 PREA Unannounced Facility/Program Round Forms Completed for all Shifts
3. SCDJJ Facility Staff Plan (03/19/18) (Did the agency hire an outside company to develop the staffing Plan
  - a. Staffing Plan
  - b. Physical Plant
  - c. Cameras
  - d. Blind Sports
  - e. Staffing Patterns
  - f. Supervision of Staff
  - g. Unannounced Rounds
  - h. Staff Supervision of Youth
  - i. Programming Schedule
  - j. Facility Breakdown Considerations
  - k. Staffing Plan Compliance Checklist
  - l. Sexual Violent Event Checklist
  - m. DJJ Event Report
  - n. Security Analysis (Post Chart)
  - o. Deviation From Staffing Plan
4. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
5. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1, ) 06/13/18
6. SCDJJ Policy H-3.9 Camera Surveillance
7. SCDJJ Policy H-3.16 Application of the PREA Standards (A,C,E) –03/05/18
8. SCDJJ Policy G-12 Detention Center Admissions
9. SCDJJ Policy G-3.3 Evaluation Center Admission Services (Classification and Assignment)
10. SCDJJ Policy E-1.7 Classification System for Housing in Security Facilities
11. SCDJJ Policy G-9.41 Supervision of Juveniles in Secure Facilities
12. SCDJJ Policy H-3.8 Search Procedures
13. Interviews:
  - a. Facility administrator
  - b. Higher level facility staff

**A.** The Juvenile Detention Center develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and uses video monitoring to protect residents against abuse. An interview with the facility administrator indicated that the facility takes into consideration:

1. Generally accepted correctional/secure residential practices.
2. Judicial findings.



3. Federal investigation findings.
4. Findings from internal or external oversight bodies.
5. Facility's physical plant to include "blind spots".
6. Composition of resident population.
7. Placement of supervisory staff.
8. Facility Programs occurring on different shift.
9. Agency policies, state or local laws, regulations, or standards.
10. Other relevant factors.

- B.** An interview with the facility administrator revealed that each time the staffing plan was not complied with, the facility would document and justifies all major deviations from the staffing plan.

Cameras are strategically located to supplement staffing and to enhance supervision of residents. The auditor is not going to provide further information related to the cameras because of security concerns; however, observations made during the tour confirmed this facility has a considerable number of cameras strategically located throughout the facility supplementing supervision inside and outside the facility.

- C.** The facility is maintaining staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. If there were an exigent circumstance which causes the facility to deviate for the general staffing plan, the facility will fully document. The facility administrator's interview confirmed that there were no major deviations from the staffing schedule, and there is no need for adjustments to the staffing schedule.

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

- The staffing plan/schedule;
- Prevailing staffing patterns;
- The facility's deployment of video monitoring systems and other monitoring technologies;
- The resources the agency/facility has available to commit to ensure adequate staffing levels.

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

A review of the Pre-Audit Questionnaire Juvenile Facilities and confirmed by staff interview:

- Since the last PREA audit the average daily number of residents reported was 65.
- Since the last PREA audit the average daily number of residents on which the staffing plan was predicated reported was 72.

### Interview Results

- Interviewed facility administrator and the facility PREA compliance manager indicated that they are consulted regarding any assessment of or adjustments to the staffing plan.
- Interviewed facility administrator and the facility PREA compliance manager indicated that the facility has a staffing plan/staffing roster. When assessing adequate staffing levels and the need for video monitoring they consider all of the components listed in the standard.

## Standard 115.315: Limits to cross-gender viewing and searches

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

#### 115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes    No

#### 115.315 (b)

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

#### 115.315 (c)

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

#### 115.315 (d)

- Does the facility 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  No

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

### 115.315 (e)

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

### 115.315 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

Supporting Documents, Interviews and Observations

1. Curriculum for Cross Gender Training
2. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
3. PREA Poster: Opposite Gender Must Announce Upon Entry (Spanish and English)
4. SCDJJ Policy H-3.16 Application of the PREA Standards (A,B,C,E) –03/05/18
5. SCDJJ Policy H-3.8 Search Procedures
6. SCDJJ Policy H-3.8B Cross-Gender Search Documentation Form
7. SCDJJ Policy G-9.41 Supervision of Juveniles in Secure Residential Facilities
8. Interviews:
  - a. Random officers
  - b. Non-medical staff cross gender searches
  - c. Random residents

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

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

Agency policy and procedures requires staff of the opposite gender to announce their presence when entering a resident housing unit. The facility has signs posted on the doors of each housing unit as a reminder to staff.

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

**C.** During the onsite audit visit there were no transgender or intersex residents housed. If the facility were to receive a transgender or intersex resident, the Agency staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown,

the facility determines during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

The Facility PREA Manager confirmed there have been no cross-gender strip-searches or visual body cavity searches conducted within the audited cycle.

A review of the Pre-Audit Questionnaire Juvenile Facilities and confirmed by staff interviews:

- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of residents reported was zero.
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero.
- The number of pat-down searches of female residents that were conducted by male staff reported was zero.
- The number of pat-down searches of female Residents conducted by male staff that did not involve exigent circumstances reported was zero.
- In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero.

#### **Interview Results:**

- Sixteen security staff, representing staff from all three shifts, was interviewed. One hundred percent (100%) of staff interviewed indicated that cross-gender pat searches were prohibited and not conducted. Several of the seasoned staff reported that they used to be able to conduct cross gender pat down searches but that is now prohibited. If there is not a same sex staff available to conduct the search they will seek assistance from another facility that is located on the same physical grounds.
- The interviewed security staff reported that the facility prohibits security staff from conducting searches to determine a resident's genital status. Over half of the staff, reported that they were unaware of a policy on how to search transgender residents, however they only "go on what's on the paperwork".
- Sixteen residents were interviewed. One hundred (100%) percent of the residents interviewed reported that staff of the opposite gender announce their presence, most of the time when entering the housing areas. Several

male residents reported that not all female staff members are consistent with this practice. One hundred percent (100%) of the residents reported that staff of the opposite gender do not perform pat down searches of their body.

- One hundred percent (100%) of the interviewed staff reported that staff of the opposite gender announces their presence when entering the housing area. All residents can dress, shower, and use toilets without being viewed by staff of the opposite gender. Staff and residents reported that when showering, the opposite gender is not allowed in the housing area.

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

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

#### **115.316 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?  Yes  No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)  Yes  No

- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision?  Yes  No

#### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.316 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

Supporting Documents, Interviews and Observations

1. Plan in place for deaf or hard of hearing, blind or low vision
2. Interpreters List or System for Non Speaking English Residents
3. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
4. PREA Poster: Zero Tolerance (Spanish)
5. PREA Poster: Zero Tolerance (English)
6. SCDJJ Policy H-3.16 Application of the PREA Standards (A) –03/05/18
7. SCDJJ Policy C-3.1 Juveniles with Disabilities
8. Interviews:
  - a. PREA compliance manager
  - b. Random staff/officers
  - c. Disabled residents (None)

- A.** The facility has taken appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In addition, the facility ensures that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. The agency has a policy based on Title II of the Americans with Disabilities Act, 28 CFR 35.164.
- B.** The facility has taken reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient. This includes taking steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, and using any necessary specialized vocabulary.
- C.** The facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations.



A review of the Pre-Audit Questionnaire Juvenile Facilities and confirmed by staff interviews:

- 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 115.264, or the investigation of the resident's allegations reported was zero.

**Interview Results:**

- There were no residents at the facility who were disabled or were limited English proficient.
- Interviewed staff confirmed that the facility does not use resident interpreters to relay any PREA information.

## Standard 115.317: Hiring and promotion decisions

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

#### 115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No

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

#### 115.317 (b)

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

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?  Yes  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

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

#### 115.317 (e)

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

#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No

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

#### 115.317 (g)

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

#### 115.317 (h)

- 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  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

##### Supporting Documents, Interviews and Observations

1. List of New Hires (Past 12 Months)
2. List of Promoted Staff (Past 12 Months)
3. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
4. SCDJJ Policy B-3.3 Employee Report of Arrest, Conviction, Child Abuse Registry, or Loss of Driver's License
  - a. Criminal History and Driver's License checks conduct annually on all employees
  - b. Child Abuse Registry checks conduct every 5 years on all employees

5. Background Investigations
6. SCDJJ Policy H-3.16 Application of the PREA Standards (E) - 03/05/18
7. SCDJJ Policy B-3.18 Employee Recruitment and Selection
8. SCDJJ Hiring Packet Checklist
9. Interviews:
  - a. Facility PREA compliance manager
  - b. Human Resource staff

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

1. Has engaged in sexual abuse in a prison, jail, lockup, Juvenile facility, juvenile facility, or other institution; to include persons who are mentally ill or disabled or retarded or chronically ill or handicapped, or institution providing skilled nursing or intermediate or long-term care or custodial or residential care.
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in subsection 2.

**B.** Policy requires that before hiring new employees who may have contact with residents, the facility will perform a criminal background check; and consistent with Federal, State and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of residents or detainee sexual abuse or harassment or any resignation pending an investigation of such allegations.

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

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

**E.** Interview with Agency Human Resource Staff indicated that when a former employee applies for work at another facility, upon request from that facility, they would provide requested information as long as it does not violate policies or laws.

A review of the Pre-Audit Questionnaire Juvenile Facilities and confirmed by staff interviews:

- In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background checks was 9.
- In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have contact with residents was 142.

**Interview Results:**

- Interviewed Human Resources staff and a review of the staff files confirmed that background clearances are completed and placed in the employee personnel files.
- The Human Resources staff was able to walk the auditor through staff personnel files describing a background clearance process that included a background check for felonies, misdemeanors, nationwide sex offender searches, and fingerprints. Reviewed files contained the required documentation and clearances. Staff described the Child Abuse and Neglect Reports conducted by DHR. Staff also indicated PREA questions are given to applicants prior to their interviews.
- Interviewed Human Resources staff indicated that criminal record background checks are preform on all newly hired employees and contractors during the clearance process. This is done regardless of whether they may have contact with offenders.
- **Concern:** The standard requires the agency not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with resident who:
  1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
  2. 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;

3. Hire or promoted person has been civilly or administratively adjudicated to have engaged in any sexual activity.

The agency does not ask applicants, new hires or promote staff information regarding prior history of sexual abuse as required by the standard and cannot provided documentation.

- **Corrective Action:** On 08/07/18, several representatives from the Office of Human Resources, including the HR Director met with the auditor to review and determine if this office complied with the PREA standard 115.317. After the review, it was determined that there was a deficiency. The Office of Human Resources corrected this deficiency on 08/07/18 and provided the auditor with evidence and proof of the correction via email. The deficiency was correct by adding the required information in a question format as a part of the State Employment Application under the agency-wide questions section of the application.

**Rating: Compliant**

## Standard 115.318: Upgrades to facilities and technologies

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

### 115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### 115.318 (b)

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

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

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

### **Instructions for Overall Compliance Determination Narrative**

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

### **The following evidence was analyzed in making the compliance determination:**

Supporting Documents, Interviews and Observations

1. Statement: Written Confirm No Upgrades, Expansion or Modification
2. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
3. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (B1) 06/13/18
4. SCDJJ Policy H-3.9 Camera Surveillance
5. SCDJJ Policy H-3.16 Application of the PREA Standards (A,B) - 03/05/18
6. Interviews:
  - a. Facility administrator
  - b. Facility PREA compliance manager

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

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

#### **Interview Results:**

- Interviewed facility administrator and PREA compliance manager indicated that there was no major expansion during the past three years. If there was a major expansion, that they would be involved in any planning?

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

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

#### 115.321 (a)

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

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.321 (d)

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



- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

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

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (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  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

*conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making the compliance determination:**

Supporting Documents, Interviews and Observations

1. Investigation Reports (Event Reports)
2. Grievances
3. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
4. Protocol for Alleged Sexual Assault Involving Penetration
5. Office of Inspector General “The Emergency Medical Treatment and Labor Act” Survey of Hospital Emergency Department (January 2001 OEI-09-98-00220)
6. Health Services PREA (Contract) Training
7. Health Services PREA Employees
8. MOU Email – Advocacy Centers
9. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (D1,D3,E1) - 06/13/18 SCDJJ Policy H-3.16 Application of the PREA Standards (A,B,E,F) - 03/05/18
10. SCDJJ Policy C-2.6 Clinical Crisis Intervention
11. SCDJJ Policy I-3.5 Investigations
12. SCDJJ Policy C-1.4 Juvenile’s Unimpeded Access to Health Care
13. SCDJJ Policy I-4.2 Juvenile Rights and Responsibilities
14. SCDJJ Policy I-4.3 Juvenile Grievance Process
15. Interviews:
  - a. Facility administrator
  - b. Facility PREA compliance manager
  - c. Mental health staff
  - d. Medical staff
  - e. Random officers
  - f. Residents reported sexual abuse

- A.** The agency is responsible for investigating allegations of sexual abuse at Juvenile Detention Center. The investigators follow a uniform evidence protocol that is used in obtaining usable physical evidence for administrative and criminal proceedings.
- B.** According to interviews, the agency protocol is appropriate and adapted from or otherwise based on the most recent edition of the “National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.”
- C.** Residents are offered access to forensic medical examinations at the local hospital without financial cost. The local hospital or the rape crisis center provides a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse

Examiners (SANEs) if available. However, if a SAFE or SANE is not available, a qualified medical practitioner will perform the examination. The facility will document activities.

- D. The facility makes available to the victim a victim advocate. If not available to provide victim advocate services, the facility makes available (to provide services) a qualified staff member from a community-based organization, or a qualified facility staff member. The facility provided documentation that showed attempts with Rape Crisis Center efforts to secure services.
- E. The victim advocate, if used, will meet the requirements of qualified community-based organization staff that accompanies and supports the victim through the forensic medical examination process and investigatory interviews, and provides emotional support, crisis intervention, information, and referrals as needed.
- F. If the agency turns the investigative case over to an outside entity, the agency is responsible and follows up on the outside process.
- G. The facility defines a qualified community-based staff member as an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

A review of the Pre-Audit Questionnaire Juvenile Facilities and confirmed by staff interviews:

- The number of forensic medical exams conducted during the past 12 months reported was zero.
- The number of exams performed by SANEs/SAFEs during the past 12 months reported was zero.
- The number of exams performed by a qualified medical practitioner during the past 12 months reported was zero.

**Interview Results:**

- Interviewed staff, including the PREA compliance manager, was familiar with the evidence protocol and roles they would play as first responders. The staff stated, “They would make sure the resident victim was stable, preserve the evidence and if, the mental health is on site, the mental health staff would conduct an assessment.”
- Interviewed investigator indicated when outside agencies are responsible for investigating allegations of sexual abuse, the facility requests that the investigating agency follows the requirements of PREA. This includes

standard provision (g) 1 and 2. Policy requires the facility to request that outside investigative authorities conducts the investigation in accordance with PREA investigation standards.

- Interviewed medical and mental health staff indicated that the facility will offer all victims of sexual assault access to forensic medical examinations without financial cost. Staff indicated that SANEs/SAFEs are provided by the local hospital.
- Interviewed officers could identify one person who was responsible for PREA related investigations. Most staff reported that the Office of Inspector General (OIG) conducted the interviews along with the PREA compliance manager.
- A majority of the interviewed staff could describe the process and the steps required to protect physical evidence; which included but not limited to: notifying the supervisor, securing the area, separating the victim and perpetrator, protecting the physical evidence, not allowing the victim to shower or brush teeth, change clothes, and immediately seeking medical attention. Two staff stated that they were not fully aware of the policy; however, they would notify the shift supervisor.
- Interviewed youth, one reported being sexually harassed; however, the nature of the incident did not require a forensic medical examination.

## **Standard 115.322: Policies to ensure referrals of allegations for investigations**

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

#### **115.322 (a)**

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

#### **115.322 (b)**

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

- Does the agency document all such referrals?  Yes  No

#### 115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does 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  No  NA

#### 115.322 (d)

- Auditor is not required to audit this provision.

#### 115.322 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
2. SCDJJ Policy H-3.16 Application of the PREA Standards (A) - 03/05/18
3. SCDJJ Policy I-3.5 Investigations
4. SCDJJ Policy B-3.21 Employee Sexual Harassment
5. SCDJJ Policy H-3.15 Prevention of Sexual Offenses Toward Juveniles
6. Interviews:
  - a. Facility administrator
  - b. Random officers

c. Agency investigator

- A.** According to interviews with the facility administrator and the investigator, the facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment reported for resident-on-resident or staff-on-resident misconduct.
- B.** The initial investigation begins immediately by the facility. The facility uses a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. In accordance with agency letter, the local police department is to be notified immediately and assume control of the investigation when appropriate.

Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence.

An additional interview with facility investigator confirmed the process for receiving an allegation and for conducting the investigation if an alleged sexual abuse was reported. Interviewed staff stated, they have been trained to report everything for investigations, including reporting, knowledge, allegations and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

- C.** The agency has in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations. Per policy, substantiated allegations of conduct that appears to be criminal are referred for prosecution. Investigations staff imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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

A review of the Pre-Audit Questionnaire Juvenile Facilities and confirmed by staff interviews:

- The number of allegations of sexual abuse and sexual harassment receive during the past 12 months was 16.
- The number of allegations resulting in an administrative investigation during the past 12 months was 16.

**Interview Results:**

- Additional interviews with staff confirmed the process for receiving an allegation of sexual abuse and sexual harassment. Interviewed staff stated, they have been trained to report or refer everything regarding sexual abuse and sexual harassment to be investigated; including having knowledge of, and allegations and suspicion of sexual abuse or sexual harassment. Staff affirmed they are trained to accept reports from all sources, including third parties and anonymous reports.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

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

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?  Yes  No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No

- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### 115.331 (b)

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

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.331 (d)

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

#### Auditor Overall Compliance Determination

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



## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Supporting Documents, Interviews and Observations

1. Room Assignment – PREA Video Training (Staff)
2. PREA Video Training Staff Signature Sheets
3. Staff Documentation of Refreshers Training
4. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
5. Employees Training Transcript
6. Introduction To Trauma and Trauma-Informed Care (5.5 Hours)
7. Adolescent Development and Delinquency (6 Hours)
8. Legal 101 for Juvenile Correctional Officers (2.75 Hours)
9. Office of Staff Development and Training (PREA Training Curriculum)
10. Abuse and Neglect Reporting
11. Legal Update and PREA (Children's Law Center)
12. Trauma: Crisis Intervention (Psychologist III / Specialized Trauma Services Coordinator)
13. Agency PREA coordinator PREA Update Training
14. PREA Standards Power Point Training
15. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,C3) 06/13/18
16. SCDJJ Policy B-7.0 Staff Development and Training Requirements and Services
17. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
18. SCDJJ Policy B-8.1A Contractor Conduct Agreement (Form)
19. SCDJJ Policy A-5.5 Volunteer Services
20. Interviews:
  - a. Agency PREA coordinator
  - b. Facility PREA compliance manager
  - c. Random officers

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

- Zero Tolerance for Sexual Abuse and Sexual Harassment;

- Responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- Residents' right to be free from sexual abuse and sexual harassment;
- The right to be free from retaliation;
- Dynamics of sexual abuse and sexual harassment in juveniles facilities;
- Common reactions of juvenile victims of sexual abuse and sexual harassment;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with residents;
- Communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents;
- Comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and
- Relevant laws regarding age of consent.

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

**C.** The agency requires its facilities to provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. According to agency PREA coordinator, for the years in which employees do not receive refresher training, the facility provides refresher information on current sexual abuse and sexual harassment policies through shift briefing and staff meetings.

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

A review of the Pre-Audit Questionnaire Juvenile Facilities and confirmed by staff interviews:

- In the past 12 months, the number of staff employed by the facility, which may have contact with residents, who were trained on the PREA requirements reported, was 73.

**Interview Results:**

- Interviewed agency PREA coordinator and facility PREA compliance manager confirmed that facility staff has been trained using the PREA Training Curriculum.
- Interviewed 16 security staff that could articulate the topics covered in the PREA training. One hundred percent (100%) of the security staff reported being knowledgeable of all topics except communicating effectively with LGBTI residents and signs of victimization.

The staff could describe the trainings on zero tolerance, resident and staff rights, dynamics of sexual abuse and sexual harassment, prior history of sexual victimization, relevant laws related to mandatory reporting and the age of consent, prevention and response protocols, as well as supportive services available to residents. Staff hired in the last 18 months reported that they received PREA training during new hire training. All interviewed staff reported that they receive refresher training throughout the year. Several staff reported that the topics of working with LGBTI youth was covered however, it was very brief. Based on the reaction of staff, many did not appear comfortable discussing the topic of transgender residents.

**Standard 115.332: Volunteer and contractor training**

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

**115.332 (a)**

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

**115.332 (b)**

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

**115.332 (c)**

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. Volunteers and Contractors Training Files
2. One-Time Volunteer Orientation Forms
3. Volunteer Certification of Orientation and Agreement Forms
4. New Volunteer Applications
5. Volunteer Report of Criminal Conviction/Child Abuse Registry
6. Contractor Information and Training
7. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
8. Contractor Conduct Agreement
9. Subcontractors Conduct Agreement
10. Contractor Conduct Agreement (Form B-8.1A)
11. Email: Number of Volunteers and Training Status
12. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1, )  
06/13/18
13. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
14. SCDJJ Policy A-5.5 Volunteer Services
15. Interviews:
  - a. Facility PREA compliance manager
  - b. Volunteer
  - c. Contractor

- A.** The agency/facility trains all volunteers and contractors who have contact with residents on their responsibilities under the facility's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

- B. Interviews and documentation indicated that the levels and types of training provided to volunteers and contractors are based on the services they provide and the contact they have with residents. All volunteers and contractors are notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and are informed how to report alleged incidents.
- C. The facility maintains documentation confirming that volunteers and contractors understand the training they received. The agency/facility documents volunteer and contractor training using rosters which require the date of training and the signature of the volunteers, contractors, and instructor.

A review of the Pre-Audit Questionnaire Juvenile Facilities and confirmed by staff interviews:

- In the past 12 months, the number of volunteers and individual contractors who have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response was 21.

**Interview Results:**

- Interviewed volunteers and contractors indicated that during orientation they completed PREA training covering their responsibilities regarding sexual abuse and sexual harassment and the agency policy on zero-tolerance.

**Concern:** The standard requires the agency to ensure that all volunteers and contractors who have contact with residents have been train on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Interview with a volunteer on-site indicated that the facility or agency has not provided the required PREA training.

- **Corrective Action:** The agency provided documentation that the volunteer received the required PREA training and signed documentation stating they understood the zero-tolerance policy.

**Rating: Compliant**

**Concern:** The language in the volunteer protocol needs to require volunteers to report PREA incidents immediately to staff and/or supervisor on duty. The current language requires volunteers to report PREA incidents to the Office of Volunteer Services or the Facility Volunteer coordinator, which delays the reporting process of sexual abuse and/or sexual harassment.

Interview with the facility volunteer coordinator revealed that two weeks ago a volunteer reported that a female resident pulled her the side and reported that she was a part of a “sex trafficking group”. According the facility volunteer coordinator, it was reported to the Office of Volunteer Services. I have requested all documentations to include the investigation report. It appears that the PREA allegation did not get to the appropriate office in a timely manner.

- **Corrective Action:** The agency provided a memo in response to item “5” on the Corrective Action Plan form provided; the following item have been completed. To correct the deficiency, the Juvenile Detention Center provided the PREA Unit with a copy of the completed form A-5.5F; Volunteer’s Certification of Orientation and DJJ Policy H-Agreement, to ensure compliance with Juvenile Facility standard 115.332 (a) and DJJ Policy H-3.16 (D).

## Standard 115.333: Resident Education

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

### 115.333 (a)

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

### 115.333 (b)

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

### 115.333 (c)

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

### 115.333 (d)

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

### 115.333 (e)

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

### 115.333 (f)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Supporting Documents, Interviews and Observations

1. Instructions for PREA Video for Youth
  2. Juvenile PREA Education Signatures
  3. Review Youth PREA Video
  4. Rules of the Detention Center
  5. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
  6. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,E1,F1) 06/13/18
  7. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
  8. SCDJJ Policy B-8.1A Contractor Conduct Agreement (Form)
  9. SCDJJ Policy A-5.5 Volunteer Services
  10. SCDJ Juvenile Detention Center Information on PREA
  11. Interviews:
    - a. Intake Staff
    - b. Random Residents
- A.** Staff interviews and documentation review indicated that during the intake process, residents receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.
- B.** Policies require that within 10 days of intake, the facility provides comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting these incidents. During intake, residents are given the handbook. During orientation, additional PREA related information is provided and the video is shown. The staff conducting intake/orientation gives residents the opportunity to ask questions to clarify anything they do not understand. Residents acknowledge through interviews and documentation that they received PREA information.
- C.** All residents at the facility received information and have been educated on PREA. Residents that transfer to the facility also receive the required PREA education.



- D. Resident interviews confirmed that the facility provides resident education in formats accessible to all residents, including limited English proficient, deaf, visually impaired, disabled, as well as to residents who have limited reading skills. Staff and resident interviews reveal that the facility provides the PREA education in English and Spanish, to include resident handbooks and posters.
- E. The facility maintains documentation of resident participation and receiving PREA information in the education sessions. The residents are required to sign a roster; the roster is dated and is witnessed by staff signature. In addition to providing PREA education, the facility ensures that key information is continuously and readily available and visible to residents through posters, resident handbooks, and other written formats.

A review of the Pre-Audit Questionnaire for Juvenile Facilities and confirmed by staff interview:

- The number of Residents admitted during past 12 months who were given this information at intake reported was 51.

**Interview Results:**

- Interviewed intake staff indicated that during intake and orientation all residents to include transfers from other facilities are educated on the zero tolerance policy and how to report incidents or suspicion of sexual abuse or sexual harassment. In general, this information is given during the intake process within 30 days.
- Sixteen residents were interviewed. All, except two residents reported that they recalled receiving information upon intake and orientation regarding sexual abuse and harassment, how to report, and their right to not be punished for reporting. The youth reported watching a PREA video, receiving a handbook, and signing an acknowledgement form. One resident reported that they have been housed at the facility for approximately eight months and received the information two months ago.

**Standard 115.334: Specialized training: Investigations**

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

**115.334 (a)**

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (b)

- Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.334 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

Supporting Documents, Interviews and Observations

1. NIC Certificate of Completions for Online PREA: Investigating Sexual Abuse in a Confinement Setting-Advanced Investigations
2. NIC Certificate of Completions for Online PREA: Investigating Sexual Abuse in a Confinement Setting
3. NIC Certificate of Completions for Online PREA: Your Role Responding to Sexual Abuse
4. Specialized Training Develop by The Moss Group & PREA Resource Center
  - a. Module #1: Investigating Sexual Abuse in Correctional Settings
  - b. Module #2: Legal Issues and Agency Liability: Guidance for the Field
  - c. Module #3: Investigations and Agency Culture
  - d. Module #4: Trauma and Victim Response-Considerations for the Investigative Process
  - e. Module #5: Role of Medical and Mental Health Practitioners in Investigations
  - f. Module #6: First Response and Evidence Collection: The Foundation for Successful Investigations
  - g. Module #7: Interviewing Juvenile Sexual Abuse Victims
  - h. Module #8: Reporting Writing
  - i. Module #9: Prosecutorial Collaboration
5. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1) 06/13/18
6. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
7. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
8. Interviews:
  - a. Facility PREA coordinator
  - b. Agency investigator

- A.** In addition to the general PREA training provided to all employees, the investigators received training in conducting investigations in confinement settings. Interviews and documentation reveal that specialized training was completed.
- B.** The investigators completed the NIC Specialized training. Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action and prosecution referral.

A review of the Pre-Audit Questionnaire Juvenile Facilities confirmed by staff interviews:

- The number of investigators currently employed who have completed the required training is 4.

### Interview Results:

- Interviewed investigator indicated that she received NIC online training specific to conducting sexual abuse investigations in confinement settings.
- Interviewed investigator indicated that the policy requires all allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

## Standard 115.335: Specialized training: Medical and mental health care

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

#### 115.335 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

#### 115.335 (b)

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

#### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?  Yes  No

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No

- 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?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Supporting Documents, Interviews and Observations

1. Review Documentation of Medical Contractors complete of PREA: Your Role; Medical HC and PREA 201
  2. Review Documentation of Mental Health staff completed PREA Training
  3. Review Documentation of SCDJJ Medical complete of PREA: Your Role; Medical HC and PREA 201
  4. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
  5. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1) 06/13/18
  6. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
  7. PREA Training Completed List by Contract Employees
  8. PREA Training Completed List by SCDJJ Employees
  9. Interviews:
    - a. Facility PREA coordinator
    - b. Medical staff
    - c. Mental health staff
- A.** Interview with the medical/mental health staff indicated that all full-time and part-time medical and mental health care practitioners who work regularly in the facilities have been trained around:
- 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.
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

**B.** The medical staff does not conduct forensic examinations. The local hospital conducts all emergency care or treatment to include Sexual Assault Forensic Examinations. The local hospital examiners are qualified SAFE and SANE practitioners that comply with the National Protocol for Sexual Assault Medical Forensic Examinations.

**C.** The facility maintains documentation that medical/mental health practitioners have received the training referenced in this standard. Training rosters and staff meetings sign in sheets were submitted to the auditor.

A review of the Pre-Audit Questionnaire Juvenile Facilities confirmed by staff interviews:

- In the past 12 months, the number of medical and mental health practitioners who work regularly at this facility who received required training was 9.

**Interview Results:**

- Interviewed health service administrator and healthcare staff confirmed that the facility does not conduct forensic examinations and they have received the required PREA training.

<b>SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</b>
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**Standard 115.341: Screening for risk of victimization and abusiveness**

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

**115.341 (a)**

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

**115.341 (b)**

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

**115.341 (c)**

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness? Yes  No
- 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  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- 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  No

#### 115.341 (d)

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

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. SCDJJ New Vulnerability of Victimization or Sexual Aggression Screening (VVSAS) (Screening Instrument)
  - a. Demographics
  - b. Juvenile Information
  - c. Juvenile Interview
  - d. Age of Youth
  - e. Experience in Institution
  - f. Social Skills
  - g. Perception of Risk



- h. History of Victimization
  - i. Offense Type
  - j. Violent Offense
  - k. Intellectual Impairment
  - l. Lack of "Fit" Adjustment
  - m. SOGIE (Sexual Orientation, Gender Identity and Gender Expression)
  - n. Medical Disabilities
  - o. Mental Health
  - p. VVSAS Scoring: Vulnerability to Victimization, Sexually Aggressive Behavior, Violent Aggressive Behavior and Overall Score
  - q. Overall Risk Score
  - r. Screening Override (Justification comments and override supervisor comments)
2. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
  3. SCDJJ Medical/Mental Health Screening (No Required PREA Questions on Form)
    - a. Residents in Isolation (Wet Rooms)
  4. Juvenile Health History Screening (No Required PREA Questions on Form)
  5. Physical Examination Record (No Required PREA Questions on Form)
  6. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,A2)06/13/18
  7. SCDJJ Policy E-14 Custody, Placement, and Supervision Levels
  8. SCDJJ Policy E-17 Classification System for Housing in Secure Facilities
  9. SCDJJ Policy G-1.2 Detention Center Admissions
  10. SCDJJ Policy G-3.1 Evaluation Center Intake Operational Process
  11. SCDJJ Policy H-3.16 Application of PREA Standards
  12. SCDJJ Policy C-2.6 Clinician Crisis Intervention
  13. Interviews:
    - a. Facility administrator
    - b. Facility PREA compliance manager
    - c. Staff screening for risk of victimization and abusiveness
    - d. Random residents
    - e. Intake staff
    - f. Counseling staff

**A.** The facility assesses all residents during intake screening to include residents that transfer from other facilities for risk of being sexually abused.

Interviews and documentation revealed that intake screenings are taking place within 72 hours of arrival at the facility. In addition, during intake screening, procedures require staff to review available documentation (judgment and sentence, commitment orders, criminal records, investigation reports, field and medical files) for any indication that a resident has a history of sexually aggressive behavior. The facility does not have the required PREA screening instrument.

**B.** The facility does not use an objective screening instrument. Staff interviews and documentation review reveal that the Screening for Risk of Victimization and Abusiveness did not include all the following:

- Prior sexual victimization or abusiveness.
- Whether the resident has a mental, physical, or developmental disability.
- The age of the resident.
- The physical build of the resident.
- Whether the resident has previously been incarcerated.
- Whether the resident's criminal history is exclusively nonviolent.
- Whether the resident has prior convictions for sex offenses against an adult or child.
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the resident has previously experienced sexual victimization.
- The resident's own perception of vulnerability.
- Other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

**C.** Staff interviews for conducting Screening for Risk of Victimization and Abusiveness indicated that the facility uses information from conversations with the resident during the intake process, medical and mental health screenings (during classification assessments) and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

Interviews and documentation reviewed indicated that the staff does not reassess the residents' risk level for sexual victimization or sexual abusiveness whenever warranted and within 30 days of arrival at the institution if the resident is identified at risk for victimization or for being at risk for being sexually abusive.

Residents are not disciplined for refusing to answer, or for not disclosing complete information in response to any PREA questions.

**D.** The agency implements 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 as described above.

A review of the Pre-Audit Questionnaire Juvenile Facilities and confirmed by staff interviews:

- The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for medical or mental health within 72 hours of their entry into the facility was 51.

### **Interview Results:**

- Interviewed facility administrator, PREA compliance manager, and intake and counseling staff are the only staff members who have access to resident's assessments, in order to protect sensitive information from exploitation.
- Interviewed staff indicated that the initial intake screening assessment did not consider all the requirements listed in this standard.
- Interviewed staff indicated that the process for conducting the initial intake screening is a checklist and in written format.
- Interviewed staff indicated that the staff does reassess resident's risk level as needed due to referrals, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
- All of the interviewed residents, with one exception, have entered the facility within the past 12 months. Approximately six residents could not recall if they were asked questions about prior sexual history of sexual abuse, or whether they identified as being gay, lesbian, or bisexual, had a disability, or felt in danger of sexual abuse. For those that could recall, it was reported that the questions were asked upon arrival and during the intake process.
- One-hundred percent (100%) of the residents reported feeling safe and that sexual assault and such behaviors do not occur at the facility.

**Concern:** The standard requires, within 72 hours of a resident' arrival at the facility and periodically throughout a resident's confinement, that the facility obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. Such assessment shall be conducted using an objective screening instrument and at a minimum, ascertain of the information below:

- Prior sexual victimization or abusiveness;
- Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse;
- Current charges and offense history;
- Age;

- Level of emotional and cognitive development;
- Physical size and stature;
- Mental illness or mental disabilities;
- Intellectual or developmental disabilities;
- Physical disabilities;
- The resident's own perception of vulnerability; and
- Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The facility does not have a risk of sexual victimization and abusiveness screening instrument that meets all 11 requirements of the standard. The facility is not conducting PREA Screenings. However, the facility is conducting intake screenings, medical screening, and mental health screenings. The facility practice does not ensure that all residents are assessed for risk of sexual victimization and abusiveness during the intake screening using an objective screening instrument.

Additionally, the facility must consider prior acts of sexual abuse, prior convictions for violent offenses, and any history of prior institutional violence or sexual abuse if known to the facility.

The agency introduced the auditor to the MAZIE system as a screening system; however, this system does not assess or reassess all of the required components for risk of sexual vulnerability or abusiveness. The agency has created and provided the auditor with a standardized risk assessment tool to screen for sexual vulnerability or abusiveness instrument adapted with permission from the Colorado Division of Youth Services, 2017 with assistance from the PREA Resource Center, 2018. The new draft standardized risk assessment tool met all requirements include in the standard. The agency has formed a committee that includes psychologists and social workers to formalize the new process and oversee the implementation.

The agency also provided the guidelines on how to complete the PREA screening instrument and how to apply information obtained. Implementation of the new screening instrument was introduced at JDC and MEC facilities.

The New Vulnerability of Victimization or Sexual Aggression Screening (VVSAS) PREA Screening Instrument obtains the following information from the residents.

- Demographics
- Juvenile Information
- Juvenile Interview

- Age of Youth
- Experience in Institution
- Social Skills
- Perception of Risk
- History of Victimization
- Offense Type
- Violent Offense
- Intellectual Impairment
- Lack of “Fit” Adjustment
- SOGIE (Sexual Orientation, Gender Identity and Gender Expression)
- Medical Disabilities
- Mental Health
- VVSAS Scoring: Vulnerability to Victimization, Sexually Aggressive Behavior, Violent Aggressive Behavior and Overall Score
- Overall Risk Score
- Screening Override (Justification comments and override supervisor comments)

The committee reported that during the implementation process there were problems with the VVSAS Scoring: Vulnerability to Victimization, Sexually Aggressive Behavior, Violent Aggressive Behavior and Overall Scoring. The screening instrument was send to the Agency IT Offices for corrections.

This standard remains non-compliant because the agency is having problems with the implementation of the new screening instrument. According to the agency PREA coordinator the agency will needs more time for the IT Office to correct the problem. The 180 days corrective action period began 9/24/18 and will end 3/24/19.

**Rating: Non-Compliant**

## Standard 115.342: Use of screening information

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

### 115.342 (a)

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

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

#### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.342 (c)

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

#### 115.342 (d)

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

#### 115.342 (e)

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

#### 115.342 (f)

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

#### 115.342 (g)

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

#### 115.342 (h)

- If a resident is isolated pursuant to 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  No  NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)  Yes  No  NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. SCDJJ New Vulnerability of Victimization or Sexual Aggression Screening (VVSAS) (Screening Instrument)
  - a. Demographics
  - b. Juvenile Information
  - c. Juvenile Interview
  - d. Age of Youth
  - e. Experience in Institution
  - f. Social Skills
  - g. Perception of Risk
  - h. History of Victimization
  - i. Offense Type
  - j. Violent Offense
  - k. Intellectual Impairment
  - l. Lack of "Fit" Adjustment
  - m. SOGIE (Sexual Orientation, Gender Identity and Gender Expression)
  - n. Medical Disabilities
  - o. Mental Health
  - p. VVSAS Scoring: Vulnerability to Victimization, Sexually Aggressive Behavior, Violent Aggressive Behavior and Overall Score
  - q. Overall Risk Score
  - r. Screening Override (Justification comments and override supervisor comments)
2. Classification Case Management Notes for all Allegations of Sexual Abuse and Sexual Harassment
3. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities



4. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,B1,C1,C2,D1,I1)06/13/18
5. SCDJJ Policy H-3.16 Application of the PREA Standards (A,B,C,E,D,G) - 03/05/18
6. SCDJJ Policy G-4.1 Long Term Facility Admissions
7. SCDJJ Policy G-3.1 Evaluation Center Intake Operational Process
8. SCDJJ Policy G-1.2 Detention Center Admissions
9. SCDJJ Policy G-3.4 Isolation of Youth
10. SCDJJ Policy I-4.2 Juvenile Rights and Responsibilities
11. SCDJJ Policy B-3.9 Employee Ethics and Relations with Others
12. Interviews:
  - a. Facility PREA compliance manager
  - b. Staff screening for risk of victimization and abusiveness (None)
  - c. Random residents
  - d. Staff screening for risk of victimization and abusiveness
  - e. LGBTI populations residents (None)

**A.** The facility does not have a PREA screening instrument, and therefore does not use the information from a risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those residents at high risk for being sexually victimized by those at high risk of being sexually abusive.

**B.** Residents may be placed in “wet rooms” away from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe; and only until an alternative means of keeping all residents safety can be arranged. While in the wet rooms, residents are not denied of daily large-muscle exercise or any legally required educational programming or special education services. Medical and mental health care staffs are required to make daily visits. The facility is required to document the resident’s stay in the wet rooms.

According to staff interviews, residents do not stay in the wet rooms over 30 days. They are reassessed and released.

**C.** Interviewed staff indicated that lesbian, gay, bisexual, transgender, or intersex residents are not placed in housing units, beds, or other assignment solely on the basis on their sexual identification or status. According to staff the facility does not consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of being sexually abusive.

**D.** The facility did not have any transgender or intersex residents during the audit period. If the facility receives a transgender resident, and in deciding whether to assign a transgender or intersex resident to which male living unit and in making other programming assignments, the facility will consider on a case-by-case basis whether a

placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Staff interviews indicated that when making placement and programming assignments for each transgender or intersex resident the facility will reassess them to review any threats to safety experienced by the resident.

- E. Staff interviews also indicated if they were to have a transgender or intersex resident, the resident's own views with respect to his or her own safety will be given serious consideration.
- F. Transgender and intersex residents will be given the opportunity to shower separately from other residents.

A review of the Pre-Audit Questionnaire Juvenile Facilities confirmed by staff interviews:

- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was zero.
- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, treatment or special education services was zero.
- In the past 12 months, the average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was zero.

#### **Interview Results:**

- Interviewed facility PREA compliance manager indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on identification status for protecting such residents.
- Interviewed staff, to include the facility administrator and PREA compliance manager, indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely on the basis of their sexual orientation, genital status, or gender identity. The facility will house them in the general population unless requested by the resident for special housing for safety issues.

- There were no residents at the facility at the time of the audit that identified as being gay, lesbian, bisexual, transgender or intersex.

**Concern:** The standard requires the facility to use all information obtained from the Vulnerability to Victimization, Sexually Aggressive Behavior, and Violent Aggressive Behavior instrument to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

The agency is not conducting PREA screening, without the implementation of the New VVSAS instrument the facility are unable to use all information obtained to make housing, bed, program, education, and work assignment for residents with the goal of keeping all residents safe and free from sexual abuse.

The agency has provided the auditor with a copy of the draft Vulnerability of Victimization or Sexual Aggression Screening (VVSAS) standardized risk assessment tool. This standard remains non-compliant because the agency is having problems with the implementation of the new screening instrument. According to the agency PREA coordinator the agency will needs more time for the IT Office to correct the problem. The 180 days corrective action period began 9/24/18 and will end 03/05/18.

**Rating: Non-Compliant**

## REPORTING

### Standard 115.351: Resident reporting

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

#### 115.351 (a)

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

### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?  Yes  No

### 115.351 (c)

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

### 115.351 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

Supporting Documents, Interviews and Observations

1. Review copies of all Grievances for the past 12 months
2. Sick Call Request Forms
3. Juvenile Allegation/Grievance and Appeal Forms
4. Social Work Case Management Notes for all Allegations of Sexual Abuse and Sexual Harassment
5. Classification Case Management Notes for all Allegations of Sexual Abuse and Sexual Harassment
6. Resident Handbook with PREA Information
7. PREA Phones
8. Residents Detained Solely for Civil Immigration Information Provided to Residents
9. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
10. PREA Poster: Zero Tolerance (Spanish)
11. PREA Poster: Zero Tolerance (English)
12. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,B1,C1,C2) 06/13/18
13. SCDJJ Policy H-3.16 Application of the PREA Standards (A,B,C,E,D,G) - 03/05/18
14. SCDJJ Policy B-3.9 Employee Ethics and Relations with Others
15. SCDJJ Policy I-3.1 Alleged Abuse and Neglect of a Juvenile
16. SCDJJ Policy I-3.2 Reporting Events
17. SCDJJ Policy A-5.5 Volunteers Services
18. SCDJJ Policy C-1.6 Sick Call Process
19. SCDJJ Policy I-4.3 Juvenile Grievance Process
20. SCDJJ Policy I.4.2 Juvenile Rights and Responsibilities
21. SCDJJ Policy 1-4.5 Investigations
22. SCDJJ Policy G-9.19 Juvenile Behavior Management-Incentive System and Progressive Discipline
23. Interviews:
  - a. Facility PREA compliance manager
  - b. Random officers
  - c. Random residents

- A.** Interviews with staff and documentation review indicated that the facility has established procedures allowing for multiple internal ways for residents to report privately to agency/facility officials regarding sexual abuse and sexual harassment, retaliation by other residents or staff, to include staff neglect or violation of responsibilities that may contribute to PREA incidents. The following are internal reporting ways:

- Grievance Process
- Tell the Social Worker
- Reporting to any staff member either verbally or in writing
- Hotline
- Sick Call
- Writing an anonymous note

**B.** Interviews with staff and documentation indicated that the facility has established at least one way for residents to report abuse or harassment to a public or private entity that is not part the facility, that can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, and allow the resident to remain anonymous upon request. The following are external reporting ways:

- Hotline
- Family Members as Third-Party

If the facility received a resident detained solely for civil immigration purposes, the facility provides information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

**C.** Staff interviews indicated that they accept reports made verbally, in writing, anonymously, and from third parties and report and document any verbal reports by the ended of the shift.

A review of the Pre-Audit Questionnaire Juvenile Facility confirmed by interviewed staff:

- In the past 12 months, the number of residents detained solely for civil immigration purposes was zero.
- In the past 12 months, the number of residents detained solely for civil immigration that was provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security zero.

**Interview Results:**

- Interviewed Facility PREA compliance manager indicated that JDC is tasked with the obligation to house juvenile males and females residents. The facility does not detain residents solely for civil immigration purposes. However, if they receive and resident solely for civil immigration purposes the facility will provide the resident with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

- All interviewed residents stated that they had multiple ways to report. Most residents reported that they could communicate with staff, write a grievance report, or tell family. All of the residents indicated that they could report sexual abuse or harassment to someone who does not work at the facility. Several residents reported feeling unsure that they could make a report without providing their name. Only one resident was aware of the PREA hotline. When probed about some of the posters in the unit with outside numbers they could call, most of the residents were aware of the posters but did not connect it to PREA.
- One hundred percent (100%) of the interviewed staff reported that they have multiple means to privately report sexual abuse or harassment. Such reporting opportunities included the hotline number, shift supervisor, written statement, or PREA compliance manager. The interviewed line staff reported that the residents can privately report by calling the hotline number, completing a grievance form, notifying security or medical staff, or write a letter.
- One resident reported that he was sexually harassed, when another resident grabbed his buttocks. This incident happened when the youth were lined up; however, no other youth would report who did it. He stated that he told staff however; because they did not know who grabbed his butt the incident was not investigated.

**Concern:** The standard requires the facility to provide least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Interviews with staff indicated that if a resident was detained solely for civil immigration purposes and requested information, the facility does not have the required information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

- **Corrective Action:** After a discussion with the facility administrator, the facility downloaded and printed copies of the civil immigration resource book from the United States Department of State/Homeland Security that will be maintain in the

intake office and the resident library. Effective 08/07/18 at 4:13 pm the required documents were placed in the facility library and intake office.

**Rating: Compliant**

## Standard 115.352: Exhaustion of administrative remedies

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

#### 115.352 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No  NA

#### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond



is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)  Yes  No  NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  Yes  No  NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.352 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

Supporting Documents, Interviews and Observations

1. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,B1,C1,C2 ) 06/13/18
2. SCDJJ Policy H-3.16 Application of the PREA Standards (A,B,C,E,D,G) - 03/05/18
3. SCDJJ Policy I-3.2 Reporting Events
4. SCDJJ Policy I-3.4 Internal Audits
5. SCDJJ Policy I-3.5 Investigations
6. SCDJJ Policy I-4.2 Juvenile Rights and Responsibilities
7. SCDJJ Policy I-4.3 Juvenile Grievance Process
8. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
9. Juvenile Grievances (Completed by Juveniles 13 page 12)
10. All Juvenile Grievances Filed past 12 months
11. Event #: 18-67975
12. Event #: 18-69140
13. Event #: 17-66587
14. Event #: 17-66419
15. Event #: 17-67419
16. Event #: 18-67975
17. Event #: 18-68239
18. Event Report (ERMIS)
19. Interviews:
  - a. Facility PREA compliance manager
  - b. Residents reported sexual abuse (none)

- A.** The facility has an administrative process to address resident grievances; however, if a resident uses the grievance process to report sexual abuse, the grievance staff/coordinator immediately submits the grievance to PREA investigations. Thus, ending the grievance process and beginning the PREA investigation process.
- B.** The facility does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. A resident can submit a grievance at any time regardless of when the incident is alleged to have occurred. The agency has time lines on other portion of the grievance process that does not relate to sexual abuse. The agency does not require residents to use an informal grievance process or attempt to resolve alleged incident of sexual abuse with the staff member.
- C.** The facility has a process in place for residents who allege sexual abuse to submit a grievance without submitting it to staff member who is involved in the complaint, or refer it to a staff member who is the subject of the complaint.
- D.** When a staff receives a grievance that is PREA related it is immediately report to the

PREA investigator; thus ending the grievance process and beginning the investigation process. If the grievance process moves forward, the facility issues a final decision on the merits of any portion of the allegation within 90 days of the initial filing.

The facility will claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision.

- E.** According to interviews, third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, are permitted to assist resident in filing requests for administrative remedies relating to allegations of sexual abuse, and also permitted to file requests on behalf of resident.

If a third party files a request on behalf of a resident, the facility will require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his/her behalf, the facility document the resident's decision.

- F.** The facility has established procedures for filing emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse.

According to interviews, when the facility receives an emergency grievance alleging a resident is at substantial risk of imminent sexual abuse, the staff immediately forwards the grievance for investigation.

- G.** Resident's documentation indicated that the facility may discipline a resident for filing a grievance related to alleged sexual abuse when the resident filed the grievance in bad faith.

A review of the Pre-Audit Questionnaire for Juvenile Facilities and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse and sexual harassment reported was three.
- In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was zero.
- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the Resident's decision to decline reported was zero.
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was one.

- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was zero.
- In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith reported zero.

**Concern:** During the review of the 2017, grievances for JDC there were questions as to when an administrative review (grievance) stopped and an investigation began.

- **Corrective Action:** The agency Office of the Inspector General (OIG) provided a statement clearly defining when a grievance review ends and a criminal investigation starts. Agency policy revisions have been submitted and are in process.

**Rating: Compliant**

**Concern:** A review of the alleged PREA grievances indicated that a resident filed a grievance on 06/25/18 and the grievance was not picked up from the grievance box until 06/27/18. The current process allows for grievances not to be picked up for days, allowing for an allegation to go longer than a day or two without being addressed.

- **Corrective Action:** The agency processes have been updated to require that grievances boxes are checked at a minimum of three times per week by Juvenile & Family Relations coordinators. When unavailable, the facility administrator or their designee will ensure grievances are retrieved in a timely manner.

The Office of the Inspector General and Juvenile and Family Relations staff, along with the PREA Unit revised the process for retrieving grievances. Grievance boxes will be checked three times a week.

**Rating: Compliant**

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

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

### **115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.353 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.353 (c)

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

#### 115.353 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

Supporting Documents, Interviews and Observations

1. Emails: Advocacy Centers
2. Memorandum of Understanding: SCDJJ & Sexual Trauma Services of the Midlands
3. Resident Handbook with PREA information
4. Posters with outside information
5. Immigrant Services Posted
6. MOU or Other Agreements for Services
7. Visitation Schedule
8. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
9. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1) 06/13/18
10. SCDJJ Policy H-3.16 Application of the PREA Standards (A,B) - 03/05/18
11. SCDJJ Policy I-4.2 Juvenile Rights and Responsibilities
12. SCDJJ Policy C-2.0 Scope of SC DJJ Clinical Services
13. SCDJJ Policy C-2.6 Clinical Crisis Intervention
14. SCDJJ Policy G-9.42 Juvenile Visitation Procedures in Secure Facilities
15. Interviews:
  - a. Facility PREA compliance manager
  - b. Random residents
  - c. Residents reported sexual abuse (none)

- A.** The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents the mailing address to the Rape Crisis Center and a toll free hotline number.
- B.** For residents detained solely for civil immigration purposes, the facility provides immigrant services information. Policy requires that facilities enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible.
- C.** The facility informs residents prior to them communicating with outside organizations that phone calls may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities in accordance with mandatory reporting laws. Residents receive this information in their orientation.

- D. The facility has documentation of attempt to enter into memoranda of understanding and agreements with community services providers that are able to provide residents with emotional support services related to sexual abuse. Residents are provided with reasonable and confidential access to their attorney, other legal representation, and reasonable access to parents or legal guardians.

**Interview Results:**

- Sixteen interviewed residents were asked if they were aware of services outside of the facility for dealing with sexual abuse. Two residents could recall seeing information in the PREA video during intake. The information covered outside medical and counseling services. Upon observation, a resident PREA pamphlet provides telephone numbers for outside victim advocacy and support.
- One resident reported that a youth touched his buttocks while standing in line several months ago. He stated that no one would identify who did it; however, he reported to staff. He stated that the incident was not investigated nor was he sent for outside services. The youth reported that he has not had any other problems since that incident.

**Concern:** The standard requires the facility to 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, and for persons detained solely for civil immigration purposes, immigrant services agencies.

Interviews with staff indicated that if a resident was detained solely for civil immigration purposes and requested information, the facility does not have the required information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

- o **Corrective Action:** After a discussion with the facility administrator, the facility downloaded and printed copies of the civil immigration resource book from the United States Department of State/Homeland Security that will be maintain in the intake office and the resident library. Effective 08/07/18 at 4:13 pm the required documents were placed in the facility library and intake office.

**Rating: Compliant**



## Standard 115.354: Third-party reporting

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

### 115.354 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

Supporting Documents, Interviews and Observations

1. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
2. SCDJJ Division of Investigation Services (DIS) Hotline @ 1-866-313-0073
3. SCDJJ Website @ <http://www.state.sc.us/djj/>
4. Interviews:
  - a. Facility administrator
  - b. Facility PREA compliance manager

- A.** The facility uses the state website page as their method of third-party reporting of sexual abuse and sexual harassment. The public is made aware through a visitor information package.

Third-party information is being provided to all visitors regarding their family members that are incarcerated by letter and/or website. If at any time a resident makes an allegation of being a victim of a sexual assault or sexual harassment and does not feel comfortable telling, writing, or using the posted hotline, the family member can make an

official report of the resident's behalf by contacting assigned staff. All sexual abuse or sexual harassment reports are done in a discreet manner to not compromise the offender.

**Interview Results:**

- Interviewed facility administrator and facility PREA compliance manager confirmed that the agency website may be used for third-party reporting of sexual abuse and sexual harassment.

<b>OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT</b>
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**Standard 115.361: Staff and agency reporting duties**

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

**115.361 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

**115.361 (b)**

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

**115.361 (c)**

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

#### 115.361 (d)

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

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?  Yes  No
- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  Yes  No
- If 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  No  NA
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?  Yes  No

#### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. Mandatory Child Abuse Reporting Laws
  2. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
  3. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,A2,A3,B1,C1) 06/13/18
  4. SCDJJ Policy H-3.16 Application of the PREA Standards (A through F) - 03/05/18
  5. SCDJJ Policy B-3.9 Employee Ethics and Relations with Others
  6. SCDJJ Policy I-3.1 Alleged Abuse and Neglect of a Juvenile
  7. SCDJJ Policy I-3.2 Reporting Events
  8. SCDJJ Policy I-3.2A Reporting Events Form
  9. SCDJJ Policy B-5.3 Confidentiality and Release of Juvenile Information
  10. Interviews:
    - a. Facility PREA compliance manager
    - b. Random officers
    - c. Medical staff
- A.** Agency/facility policy requires staff to report immediately 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; retaliation against residents or staff who reported the incident; as well as staff neglect or violation of responsibilities that contributed to the incident or retaliation. This policy information was confirmed by staff interviews. The facility also understands the state mandatory child abuse reporting laws.
- B.** Facility policy requires, apart from reporting to the designated supervisors or officials and designated state or local services, that staff is prohibited from revealing any information related to a sexual abuse incident to anyone other than for the purpose of treatment, investigation, and other security and management decisions.
- C.** Medical and mental health staffs are required to report sexual abuse to designated supervisors and officials as well as designated state or local officials as required by mandatory reporting laws. The residents are informed of staff's duty to report and the limitation of confidentiality during intake.

- D. When sexual abuse incidents occur at the facility, staff interviews indicated that the facility will report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, initially to the facility designated investigators.

**Interview Results:**

- One hundred percent (100%) of the 16 staff interviewed reported being aware of the agency's procedure for reporting any information related to a resident's allegation of sexual abuse. Interviewed staff could clearly articulate the necessity to report any incident or alleged incident of sexual abuse or harassment immediately. They were aware of various methods of reporting in writing or verbally to include but not limited to: report to shift supervisor, staff hotline number, or medical staff.
- Interviewed PREA compliance manager indicated that all allegations of sexual abuse and sexual harassment to include third-party and anonymous sources are reported directly to the investigators.
- Interviewed mental health staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the incident.

**Standard 115.362: Agency protection duties**

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

**115.362 (a)**

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

**Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. Resident Subject to Substantial Risk of Imminent Sexual Abuse
2. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
3. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1) 06/13/18
4. SCDJJ Policy H-3.16 Application of the PREA Standards
5. Interviews:
  - a. Facility administrator
  - b. Facility PREA compliance manager
  - c. Random officers

- A.** When facility learns that a resident is at substantial risk of imminent sexual abuse, it takes immediate action by offering the resident to move to special housing or protection custody until the matter is resolved.

A review of the Pre-Audit Questionnaire for Juvenile Facilities and confirmed by staff interview:

- In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse reported was 1.

### Interview Results:

- All the interviewed staff could articulate the response process if a resident is at risk of imminent sexual abuse. One hundred percent (100%) of the interviewed staff reported that action is taken immediately to address a resident who is at risk of sexual abuse. Such actions include but not limited to: notify the supervisor, stay with the victim, separate the residents, keep victim on observation, secure the scene, and notify medical staff. It should be noted that one staff required additional probing to discuss the process beyond notifying supervisor.

## Standard 115.363: Reporting to other confinement facilities

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

### 115.363 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

### 115.363 (b)

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

### 115.363 (c)

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

### 115.363 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. Allegations of Sexual Abuse the facility Received from other facilities

2. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
3. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,A2,B1,C1,D1) 06/13/18
4. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
5. Interviews:
  - a. Facility administrator
  - b. Facility PREA compliance manager

- A.** If the facility received an allegation that a resident was sexually abused while confined at another facility. Per staff interviews, the facility notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred.
- B.** The facility provided a process that they use when a resident alleged sexual assault or sexual harassment at another facility. The process includes reporting within the 72 hours timeframe and documentation.
- C.** Staff interviews indicated that when receiving allegations reported from other facilities, they would complete an incident report and send for investigation.

A review of the Pre-Audit Questionnaire for Juvenile Facilities and confirmed by staff interview:

- During the past 12 months, the number of allegations the facility received that a Resident was abused while confined at another facility was zero.
- During the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was one.

**Interview Results:**

- Interviewed facility administrator and the facility PREA compliance manager indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred at their facility involving staff, they would put that staff on no-contact. If it involves a resident they would monitor that resident until the investigation is completed.

**Concern:** The standard requires the facility upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation to notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and notify the appropriate investigative agency.

After reviewing 128 grievance reported for the past 12 months, it was revealed that Grievance # 6726 had an investigation starting time that is questionable. Interview with



the investigator indicated that the information was entered into the system; however, staff was not aware of it. The grievance status now is pending criminal investigation by OIG.

- **Corrective Action:** The agency (OIG) provided a statement clearly defining when a grievance review ends and a criminal investigation starts. Agency policy revisions have been submitted and are in process.

**Rating: Compliant**

Upon receiving an allegation that a resident was sexually abused while confined at another facility (Seacoast Youth Academy), the facility administrator or designee that received the allegation did not notify the facility administrator where the alleged abuse occurred soon as possible, but no later than 72 hours after receiving the allegation, and ensure that the allegation is investigated. This process did not occur.

Interview with the facility administrator indicated that Seacoast Youth Academy facility administrator was not notified. This alleged PREA incident was reported 43 days late.

- **Corrective Active:** The agency provided documentation that the Juvenile Detention Center Director contacted the Director of Seacoast Academy regarding the reported allegations of sexual abuse occur it that facility. The facility provided a copy of the email of the communication used to notify the Director of Seacoast Academy to the agency PREA Unit and the OIG investigating the alleged abuse.

**Rating: Compliant**

## Standard 115.364: Staff first responder duties

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

### 115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any

actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

#### 115.364 (b)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
2. Protocol for Alleged Sexual Assault Involving Penetration
3. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,B1 )  
06/13/18
4. SCDJJ Policy I-3.2 Reporting Events
5. SCDJJ Policy B-5.3 Confidentiality and Release of Juvenile Information
6. Interviews:
  - a. Facility PREA compliance manager
  - b. Random staff
  - c. Security staff first responder

d. Non-security staff first responder

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

A review of the Pre-Audit Questionnaire for Juvenile Facilities and confirmed by staff interview:

- In the past 12 months, the number of allegations that a resident was sexually abused or sexual harassed was 16.
- In the past 12 months, the number of allegations where staff was notified within a time period that still allowed for the collection of physical evidence was 16.
- Of the allegations that a resident was sexually abused made in the past 12 months, the number of times non-security staff member was the first responder 3.

**Interview Results:**

- Interviews were conducted with 16 security staff members that are considered first responders. All the interviewed staff consistently reported that the duties of a first responder include but are not limited to: take immediate action, stay with the resident, separate the victim from the perpetrator, isolate/secure the scene and secure evidence, take to medical, and notify supervisor. It should be noted that one staff needed some probing as they initially indicated that they wouldn't know exactly what to do outside of notifying the supervisor.
- One resident reported that another youth grabbed his buttocks while they were in line. This incident happened several months ago. He stated that he notified staff, however the other youth would not report who did it; therefore, they could not determine who grabbed his buttocks.
- Interviewed non-security staff as first responders described the actions taken

to an allegation of sexual abuse is to:

- Separate the alleged victim and abuser;
- Contact the supervisor;
- Preserve and protect the crime scene;
- Request that the alleged victim does not to wash, brush teeth, change clothes or use the bathroom;
- Request the same for the alleged abuser.

## Standard 115.365: Coordinated response

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

### 115.365 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. Protocol for Alleged Sexual Assault Involving Penetration
2. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
3. Safety Plan (SP) for Alleged Sexual Abuse and Sexual Harassment
4. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
5. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles
6. Interviews:
  - a. Facility PREA compliance manager

- b. Facility administrator
- c. Team member
- d. Non-security staff
- e. Security staff

**A.** The facility policy response Protocol for Alleged Sexual Assault Involving Penetration provides guidelines for staff and a written plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

**Interview Results:**

- Interviewed non-security staff as first responders described the actions taken to an allegation of sexual abuse is to:
  - Separate the alleged victim and abuser;
  - Contact the supervisor;
  - Preserve and protect the crime scene;
  - Request that the alleged victim does not to wash, brush teeth, change clothes or use the bathroom;
  - Request the same for the alleged abuser.
  
- Interviewed security staff indicated that as first responders described the actions taken to an allegation of sexual abuse is to:
  - Separate the alleged victim and abuser;
  - Contact the supervisor;
  - Preserve and protect the crime scene;
  - Request that the alleged victim does not to wash, brush their teeth, change clothes or use the bathroom;
  - Request the same for the alleged abuser.

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

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

**115.366 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

## 115.366 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Supporting Documents, Interviews and Observations

1. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
  2. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
  3. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles
  4. Interviews:
    - a. Facility PREA compliance manager
    - b. Facility administrator
- A.** Staff interviews and documentation indicated that facility does not have a relationship with union or collective bargaining agreements. The facility is not limited in its ability to remove alleged staff sexual abusers from contact with residents.

#### Interview Results:

- Interviewed facility administrator and PREA compliance manager indicated that JDC does not belong to a union.

## Standard 115.367: Agency protection against retaliation

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

**115.367 (a)**

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

**115.367 (b)**

- Does the agency employ multiple protection measures 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  No

**115.367 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.367 (d)

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

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  Yes  No

#### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Supporting Documents, Interviews and Observations

1. Allegations and Investigations Documentation of Monitoring for possible Retaliation
2. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
3. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,A2,C1,C2 ,C3,C4 ) 06/13/18



4. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
5. SCDJJ Policy G-3.4 Isolation of Youth
6. Interviews:
  - a. Facility administrator
  - b. Facility PREA compliance manager
  - c. Monitoring retaliation

- A.** The facility prohibits retaliatory behavior by residents or staff in regards to the reporting of sexual abuse, sexual harassment or cooperation with investigators as it relates PREA related incidents and allegations. Resident's rights documentation and staff policy establishes expected conduct. The facility PREA compliance manager is responsible for monitoring retaliation along with supervisors to monitor residents as it relates to PREA allegations and incidents.
- B.** The facility has several protections and reporting measures, for residents. They can utilize the grievance process to document retaliatory acts or other PREA related concerns and issues. The facility has the option to change resident housing or transfer resident victims or abusers, remove alleged staff or resident abusers from contact with victims, and provide emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- C.** The facility reported that there is no retaliation for this audit period. If the facility were to have issues with retaliation, the policy will guide them on this standard. For example, for at least 90 days following a report of sexual abuse, the facility monitors the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse, to see if there are changes that may suggest possible retaliation by residents or staff, and act promptly to remedy any retaliation. Items the facility should monitor include resident disciplinary reports, housing or program changes, and negative performance reviews or reassignments of staff. The facility continues monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- D.** In the case of residents, monitoring include periodic status checks. If any individual cooperates with an investigation expresses a fear of retaliation, the facility takes appropriate measures to protect the individual against retaliation.

A review of the Pre-Audit Questionnaire for Juvenile and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months was zero.

## Interview Results

- Interviewed staff indicated that they monitor retaliation against residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations. They would change resident housing or transfers a resident, remove alleged abusers, refer resident to counseling for services. When preventing retaliation against staff, they would change the staff shift or change the staff work details.
- Interviewed staff indicated that they will monitor the resident at least weekly. However, this process would end around 90 days.

**Concern:** The agency shall protect all residents and staff, who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual investigations, from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation. JDC reported 16 PREA allegations. The facility could not provide documentation that any allegations were monitor for retaliation.

- o **Corrective Action:** The PREA Unit has developed a formal monitoring form that will be used to document all retaliation activities. A copy of the title "PREA Retaliation Monitoring Form" was provided to the auditor.

**Rating: Compliant**

## Standard 115.368: Post-allegation protective custody

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

### 115.368 (a)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
2. SCDJJ Policy G-6.0 Scope of Activity Therapy, Recreation, and Leisure Services
3. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles
4. SCDJJ Policy H-3.16 Application of the PREA Standards
5. Interviews:
  - a. Facility PREA compliance manager
  - b. Facility executive administrator

- A.** The facility will use "wet rooms" housing to protect a resident who is alleged to have suffered sexual abuse is based on the requirements of standard 115.42. Interviews and documentation review at JDC indicated that residents at high risk for sexual victimization are prohibited from being placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. Interviews also revealed that if an assessment cannot be immediately completed, the facility will hold the resident in involuntary segregated housing for less than 24 hours while completing the assessment.

A review of the Pre-Audit Questionnaire for Juvenile and confirmed by interviewed staff.

- In the past 12 months, the number of residents who allege to have suffered sexual abuse who were placed in isolation was zero.
- In the past 12 months, the number of resident who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and or legally required education or special education services was zero.

# INVESTIGATIONS

## Standard 115.371: Criminal and administrative agency investigations

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

### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

### 115.371 (b)

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

### 115.371 (c)

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

### 115.371 (d)

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

### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
 Yes  No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.371 (h)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.371 (i)

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

#### 115.371 (j)

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

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

## 115.371 (m)

- When an outside 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  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Supporting Documents, Interviews and Observations

1. Investigations (All completed Investigations – 16 Reported)
2. All Sexual Abuse and Sexual Harassment file by Facility
3. Hotline Call Total
4. Investigations Report by Staff
5. Investigations Reported to Staff by Resident
6. Investigations Anonymous, Third-Party
7. SCDJJ Policy I-3.2A Reporting Events Form
8. PREA Investigation Checklist
9. Staff On Residents Investigations
10. Residents on Residents Investigations
11. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
12. SCDJJ Policy I-3.5 Investigations
13. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,A2,A3,B1,C1) 06/13/18
14. SCDJJ Policy H-3.16 Application of the PREA Standards (A through F) - 03/05/18
15. SCDJJ Policy B-3.9 Employee Ethics and Relations with Others
16. SCDJJ Policy I-3.1 Alleged Abuse and Neglect of a Juvenile
17. SCDJJ Policy I-3.2 Reporting Events

18. Interviews:

- a. Facility administrator
- b. Facility PREA compliance manager
- c. Agency investigator

- A. Interviews with the agency investigator indicated that when they conduct investigations into allegations of sexual abuse and sexual harassment; they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. There was a concern regarding promptly.
- B. The JDC uses investigators who have received special training in sexual abuse investigations. The investigators have completed the NIC online training.
- C. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse involving the suspected perpetrator. When a case has been substantiated allegations of conduct that appear to be criminal are referred for prosecution and the facility consults with the prosecutor. When an outside agency is investigating, the facility cooperates and remains informed about the progress of the investigation.
- D. Interviewed staff and completed investigation reports revealed that all PREA investigations are administrative or criminal and documented in written format. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse and documents a description of the physical and testimonial evidence, and investigative facts and findings. According to policy, the agency keeps these cases as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

A review of the Pre-Audit Questionnaire for Juvenile and confirmed by interviewed staff.

- The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was zero.

**Interview Results:**

- Interviewed staff indicated that the outside agency that investigates criminal sexual abuse keeps the facility informed of the progress of the investigation thru emails and the release of the final investigation report.
- Interviewed investigator indicated when a staff alleged to have sexual abuse terminates employment prior to a completed investigation into the conduct; the Investigator continues the investigation until completion.

- Interviewed investigator indicated all investigations are documented. The documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence.

**Concern:** A review of the agency policies, to include the agency Investigations policy number I-3.5, does not have guidance regarding timeframes in closing PREA investigations.

DOJ Investigative question #6 “What would be the first steps in initiating an investigation and how long would they take?” The Investigator could not give a timeframe when PREA should be closed.

A meeting with the Office of Investigations (chief investigator, agency investigator, management review supervisor, agency PREA coordinator, and the deputy director for Investigative Services) timeframes for closing out a case is not documented anywhere as understood from the meeting.

- **Corrective Action:** The Agency Inspector General and Chief of Investigations, along with the Quality Control Manager for the Division of Investigative Services have specified time frames for investigations to start and end. This includes a concession for extensions if additional time is needed. Agency policy is being updated to reflect the new process.

**Rating: Compliant**

## Standard 115.372: Evidentiary standard for administrative investigations

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

### 115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

### Auditor Overall Compliance Determination

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



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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
2. SCDJJ Policy I-3.5 Investigations
3. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,A2,A3,B1,C1) 06/13/18
4. SCDJJ Policy H-3.16 Application of the PREA Standards (A through F) - 03/05/18
5. SCDJJ Policy I-4.3 Juvenile Grievance Process
6. Interviews:
  - a. Facility administrator
  - b. Facility PREA compliance manager
  - c. Agency investigator

- A.** The investigators impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

#### Interview Results:

- Interviewed PREA investigator confirmed the standard to determine whether an allegation is substantiated, unsubstantiated, or unfounded is the preponderance of the evidence.

## Standard 115.373: Reporting to residents

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

#### 115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

**115.373 (b)**

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in 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  No  NA

**115.373 (c)**

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

**115.373 (d)**

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

**115.373 (e)**

- Does the agency document all such notifications or attempted notifications?  Yes  No

**115.373 (f)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

## The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. Criminal and/or Administrative Investigations Completed by Agency or Facility
2. Documentation of Resident Notification Results, Verbally or in Writing
3. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
4. Event #: 17-66419
5. Event #: 17-66587
6. Juvenile Allegation/Grievance and Appeal Form
7. Safety Plan for Alleged Sexual Abuse and Sexual Harassment
8. Juvenile Negative Behavior Report
9. SCDJJ Policy H-3.16 Application of the PREA Standards
10. SCDJJ Policy I-3.5 Investigations
11. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,A2,A3,B1,C1) 06/13/18
12. SCDJJ Policy I-4.3 Juvenile Grievance Process
13. Interviews:
  - a. Facility administrator
  - b. Facility PREA compliance manager
  - c. Agency investigator
  - d. Residents reported sexual abuse

**A.** Agency policies require that following an investigation into a resident's allegation of sexual abuse, the facility informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. In those cases in which the PREA Unit did not conduct the investigation, the relevant information will be requested from the investigative agency to inform the resident. The facility's obligation to a resident terminates if the resident is released from the department's custody.

- B.** Following resident's allegation that a staff member has committed sexual abuse against the resident, the facility will subsequently notify the resident (unless the allegation has been determined to be unfounded or unsubstantiated) when 1) the staff member is no longer in the resident's housing unit; 2) the staff member is no longer employed at the facility; 3) the facility learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or 4) the facility learns that the staff member has been convicted on a charge related to sexual abuse within the facility. All notifications are documented. The facility's obligation to report under this standard terminates if the alleged victim is released from the department's custody.

When the facility notifies residents, it is done verbally and documented.

A review of the Pre-Audit Questionnaire for Juvenile and confirmed by staff interview:

- The number of criminal and/or administrative investigations of alleged resident sexual abuse and sexual harassment that were completed by the agency/facility in the past 12 months was 9.
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation were two.
- The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero.
- In the past 12 months, the number of notifications to residents that were provided pursuant to this standard was two.

### **Interview Results**

- Interviewed facility PREA compliance manager indicated that the facility notifies residents who make an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.
- Interviewed investigator indicated that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The information is shared with the facility to inform the resident.

# DISCIPLINE

## Standard 115.376: Disciplinary sanctions for staff

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

### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**The following evidence was analyzed in making the compliance determination:**

Supporting Documents, Interviews and Observations

1. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
2. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1) 06/13/18
3. SCDJJ Policy H-3.16 Application of the PREA Standards (A,B) 03/05/18
4. SCDJJ Policy I-4.3 Investigations
5. SCDJJ Policy I-3.1 Alleged Abuse and Neglect of a Juvenile
6. SCDJJ Policy I-3.12 Reporting Events
7. SCDJJ Policy B-3-3.15 Progressive Employee Discipline
8. Interviews:
  - a. Facility administrator
  - b. Facility PREA compliance manager
  - c. Agency investigator

- A.** Agency policy states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency resident sexual abuse and/or harassment policies. The directive indicates that termination is the presumptive disciplinary sanction for staff that has been found to have engaged in sexual abuse. All terminations for violations of agency resident sexual abuse or harassment policies or resignations by staff who would have been terminated but for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

A review of the Pre-Audit Questionnaire for Juvenile and confirmed by interviewed staff.

- In the past 12 months, the number of staff from the facility who has violated agency sexual abuse or sexual harassment policies was zero.
- In the past 12 months, the number of staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero.
- In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported were zero.
- In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies reported was zero.

## Interview Results

- Interviews with the Administrator confirmed staff violating agency sexual abuse policies will be disciplined and that termination is the presumptive action and referral for prosecution where indicated.

## Standard 115.377: Corrective action for contractors and volunteers

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

#### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

#### 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

Supporting Documents, Interviews and Observations

1. Volunteers and Contractors training files
2. One-Time Volunteer Orientation Forms
3. Volunteer Certification of Orientation and Agreement Forms
4. New Volunteer Applications
5. Volunteer Report of Criminal Conviction/Child Abuse Registry
6. Contractor Information and Training
7. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
8. Contractor Conduct Agreement
9. Subcontractors Conduct Agreement
10. *Contractor Conduct Agreement* (Form B-8.1A)
11. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
12. SCDJJ Policy H-3.16 Application of the PREA Standards (A,B) 03/05/18
13. SCDJJ Policy I-4.3 Investigations
14. SCDJJ Policy I-3.1 Alleged Abuse and Neglect of a Juvenile
15. SCDJJ Policy I-3.12 Reporting Events
16. Interviews:
  - a. Facility PREA compliance manager
  - b. Facility administrator
  - c. Volunteer
  - d. Contractor

- A.** The agency/facility identifies sanctions for contractors, vendors and volunteers who engage in sexual abuse. They will be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility will take appropriate remedial measures and will consider whether to prohibit further contact with residents, in the case of any other violation of agency resident sexual abuse or sexual harassment policies by a contractor or volunteer.
- B.** Volunteers and contractors are advised during their orientation that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. This information is provided as a part of contractors and volunteers training.

There have been no violations of agency sexual abuse policies by any contractor or volunteer during the past twelve months.

A review of the Pre-Audit Questionnaire for Juvenile Facilities and confirmed by interviewed staff interview:



- In the past 12 months, the number of volunteer who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was zero.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was zero.

## Standard 115.378: Interventions and disciplinary sanctions for residents

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

#### 115.378 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  Yes  No

#### 115.378 (b)

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?  Yes  No
- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?  Yes  No

#### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

#### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?  Yes  No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

#### 115.378 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

## Supporting Documents, Interviews and Observations

1. Completed Discipline Forms
  2. Juvenile Progressive Discipline Chart
  3. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
  4. SCDJJ Policy I-3.5 Investigations
  5. SCDJJ Policy G-9.19 Juvenile Behavior Management – Incentive System and Progressive Discipline
  6. Interviews:
    - a. Facility PREA compliance manager
    - b. Facility administrator
    - c. Medical staff
    - d. Mental health staff
- A.** The agency/facility has a formal resident disciplinary process when a resident is subject to a disciplinary sanction following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.
- B.** The disciplinary process allows sanctions to commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories within the facility. If the facility disciplinary sanctions results in the isolation of a resident, the facility will not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. These residents will receive daily visits from medical and mental health staff.
- C.** The Resident Discipline Process considers whether a resident’s mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. The facility offers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.
- D.** Staff interviews indicated for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, if an investigation does not establish evidence sufficient to substantiate the allegation.

A review of the Pre-Audit Questionnaire for Juvenile and confirmed by staff interview:

- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero.

## MEDICAL AND MENTAL CARE

### Standard 115.381: Medical and mental health screenings; history of sexual abuse

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

##### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?  Yes  No

##### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

##### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

##### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?  Yes  No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Supporting Documents, Interviews and Observations

1. Residents Disclosed Prior Victimization During PREA Screening
  2. Youth Consent/Release of Liability for Participation & Consent/Release for Audiovisual Purposes
  3. Juvenile Health History
  4. Physical Examination Record
  5. Dental Record
  6. Social Work Case Management Notes
  7. DJJ Medical/Mental Health Screen
  8. Classification Case Management Notes
  9. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
  10. SCDJJ Policy C-1.4 Juvenile's Access to Health Care
  11. SCDJJ Policy E-1.7 Classification System for Housing in Secure
  12. SCDJJ Policy E-1.12 Trauma-Informed Care and Trauma-Specific Treatment
  13. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1, A2, B1, B2, D1) 06/13/18
  14. SCDJJ Policy H-3.16 Application of the PREA Standards (D) - 03/05/18
  15. SCDJJ Policy B-5.3 Confidentiality and Release of Juvenile Information
  16. SCDJJ Policy G-4.1 Long Term Facility Admissions
  17. SCDJJ Policy G-3.1 Evaluation Center Intake Operational Process
  18. SCDJJ Policy G-1.2 Detention Center Admissions
  19. Interviews:
    - a. Facility PREA compliance manager
    - b. Medical staff
    - c. Random staff
- A.** Agency policies require residents who disclosed they had experienced prior sexual victimization or prior perpetration of sexual abuse, whether it occurred in an institutional setting or the community, are to be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the initial screening.
- B.** A resident that has previously perpetrated sexual abuse in an institutional setting or community are offered a follow up meetings with a mental health staff within 14 days of the intake screening. A resident that experienced prior sexual victimization in jail or that occurred in an institutional setting or the community is ensured a follow up meeting with a medical or mental health staff within 14 days of the intake screening.

- C. Information related to sexual victimization or abusiveness that occurred in an institutional setting will be strictly limited to medical and mental health practitioner and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education and program assignments, or as otherwise required by Federal, State, or local law. Mental health practitioners will obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.

#### Interview Result

- One resident indicated that he had a prior case of sexual victimization. He reported that the incident occurred when he was nine years old, and that his family took him to counseling at the time. The resident could not recall if he reported to anyone at the facility. After further discussion, he stated that he did not need any additional or follow up services.
- Interviewed medical and mental health staff indicated residents reporting prior sexual victimization or prior perpetration would be seen by a mental health professional within 14 days of the initial screening.

### Standard 115.382: Access to emergency medical and mental health services

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

##### 115.382 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  Yes  No

##### 115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.382 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

### 115.382 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
2. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,A2,A3,C1,D1) 06/13/18
3. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
4. SCDJJ Policy I-4.2 Juvenile Rights and Responsibilities
5. SCDJJ Policy C-1.1 Scope of Health Services and Responsible Health Authority
6. SCDJJ Policy C-1.2 Juvenile Health History and Physical Examination
7. SCDJJ Policy C-1.4 Juvenile's Unimpeded Access to Health Care
8. SCDJJ Policy C-1.7 Rehabilitative Services Health Services
9. SCDJJ Policy C-1.14 Health and Mental Health Care Quality Improvement Program
10. SCDJJ Policy E#-1.12 Trauma-Informed Care and Trauma-Specific Treatment
11. Interviews:
  - a. Facility PREA compliance manager
  - b. Medical staff

- c. Random staff
- d. Residents reported sexual abuse

- A.** The facility victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
- B.** If no qualified medical or mental health practitioners are on duty at the time a report of abuse, staff first responders take preliminary steps to protect the victim and immediately notify the appropriate medical and mental health staff.
- C.** Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The facility offer treatment and follow-up for sexually transmitted and other communicable diseases to all victims using a community resource.
- D.** Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

### **Interview Results**

- One resident reported an incident of sexual abuse/harassment. The nature of the incident did not require medical attention. The youth reported that he inquired with staff; however, he does not recall it being investigated. The youth stated that they were unable to determine who grabbed him on the buttocks.
- Interviewed staff described the following actions they would take as a first responder: Separate the alleged victim and abuser, preserving and protecting evidence on the victim, abuser, and the location where the incident occurred.
- Interviewed staff indicated that they would ask the alleged victim and abuser not to take any actions that could destroy physical evidence; washing, brushing teeth, changing clothes, urinating, defecating, drinking, eating, etc.
- Interviewed staff indicated that they would immediately notify their supervisor.
- Interviewed mental health care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital.
- Interviewed mental health care staff indicated that evaluation and treatment of



residents who have been victimized entails follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility.

## **Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

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

#### **115.383 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

#### **115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

#### **115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

#### **115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### **115.383 (e)**

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### **115.383 (f)**

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### **115.383 (g)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

## 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Supporting Documents, Interviews and Observations

1. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
  2. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (D1,E1,F1) 06/13/18
  3. SCDJJ Policy H-3.15B Protocol for Alleged Sexual Assault (Attachment )
  4. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
  5. SCDJJ Policy I-4.2 Juvenile Rights and Responsibilities
  6. SCDJJ Policy C-1.1 Scope of Health Services and Responsible Health Authority
  7. SCDJJ Policy C-2.6 Clinical Crisis Intervention
  8. Interviews:
    - a. Facility PREA compliance manager
    - b. Mental health staff
    - c. Residents reported sexual abuse
- A.** The agency/facility offers medical/mental health evaluation and, provides services to all residents who have been victimized by sexual abuse through outside services.

- B. Staff interviews indicated that evaluations and services of victims include follow-up services, referrals for continued care following residents transfer to, or placement in, other facilities, or their release from custody.
- C. The facility provides victims with medical/mental health services consistent with the community level of care.
- D. Staff interviews indicated that resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate through outside services.
- E. The agency/facility requires treatment services to be provided to victims without financial cost. The facility also conducts a medical/mental health evaluation of resident-on-resident abusers upon learning of abuse history and offer treatment. If the resident reports history of sexual abuse or abusiveness appears at risk for victimization, security and case management are notified.

**Interview Results**

- One resident reported an incident of sexual abuse/harassment. The nature of the incident did not require medical attention. The youth reported that he inquired with staff; however, he does not recall it being investigated. The youth stated that they were unable to determine who grabbed him on the buttocks.
- Interviewed staff confirmed that evaluations and services of victims include follow-up services, referrals for continued care following residents transfer to, or placement in, other facilities, or their release from custody.
- Interviewed staff confirmed that the facility provides victims with medical/mental health services consistent with the community level of care.

**DATA COLLECTION AND REVIEW**

**Standard 115.386: Sexual abuse incident reviews**

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

**115.386 (a)**

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

**115.386 (b)**

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  
 Yes  No

**115.386 (c)**

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

**115.386 (d)**

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  
 Yes  No

**115.386 (e)**

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

**Auditor Overall Compliance Determination**

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

#### Supporting Documents, Interviews and Observations

1. Conclusion of 30 Days Review by Team Documentation
2. DJJ Event Report Form
3. DJJ Event Report Completed
4. Sexual Abuse and Sexual Harassment Incident Review Form
5. Administrative Inquiry: Event # 18-69253
6. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
7. SDCJJ Policy H-3.16 Application of the PREA Standards
8. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,B1,C1,D1) 06/13/18
9. SCDJJ Policy H-3.15C Alleged Sexual Abuse and Sexual Harassment (Attachment)
10. SCDJJ Policy H-3.15B Incident Review Form
11. Interviews:
  - a. Facility PREA compliance manager
  - b. Facility administrator
  - c. Incident review team

**A.** The agency requires each facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the incident has been determined to be unfounded. The review will ordinarily occur within 30 days of the conclusions of the investigation when they received the investigation report. The review team will include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

**B.** The review team is required to consider and complete the following:

- 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;
- 2) Whether the incident or allegation was motivated by race, ethnicity, gang affiliation, gender identity, status or perceived status as lesbian, gay, bisexual or intersex, or was motivated or caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4) Asses the adequacy of staffing levels in that area during different shifts;

- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
- 6) The team prepares a report of its findings and the facility implements the recommendations for improvement.

## Standard 115.387: Data collection

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

#### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

#### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

#### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. PREA Annually Report
2. Survey of Sexual Violence
3. Event #: 18-67975
4. Event #: 18-69140
5. Event #: 17-66587
6. Event #: 17-66419
7. Event #: 17-67419
8. Event #: 18-67975
9. Event #: 18-68239
10. Statistical Data for PREA
11. Director's Update (03/01/18)
12. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
13. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
14. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,C1,A2,C2,E2,E1) 06/13/18
15. Interviews:
  - a. Facility PREA compliance manager
  - b. Facility administrator

- A.** The agency/facility collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as required by policy. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the *Survey of Sexual Victimization* (SSV) conducted by the Department of Justice. Agency aggregates the incident-based sexual abuse data at least annually and generates a comprehensive and informative annual report. Each agency facility is required by policy to maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.

The reviewed 2017 annual report was comprehensive and detailed and included demographics of agency operated facilities as well as detailed PREA Data.

The agency aggregated incident-based sexual abuse data at least annually.

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of *the Survey of Sexual Victimization* conducted by the Department of Justice.

- B. The agency maintains, reviews, and collects data as needed from all available incident- based documents, including reports, investigation files, and sexual abuse incident reviews.
- C. The agency also obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.
- D. Upon request, the agency will provide all such data from the previous calendar year to the Department of Justice no later than June30.

### Standard 115.388: Data review for corrective action

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

##### 115.388 (a)

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

##### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

##### 115.388 (c)



- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

##### Supporting Documents, Interviews and Observations

1. PREA Annually Report
2. PREA Annually Report approved and Posted on Website
3. Statistical Data for PREA (Comparison Report)
4. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
5. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
6. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (E1,B1,B2,D1,D2) 06/13/18
7. Interviews:
  - a. Facility PREA compliance manager
  - b. Facility administrator

- A.** The agency and the facility reviews data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of the facility's sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas, taking corrective action on an ongoing basis. Interviews reveal that the agency prepares an annual report of its findings and corrective action that includes the facility and the agency.

- B. The report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.
- C. The report is approved by the agency head/designee and made readily available to the public through its website.
- D. The agency redacts specific material from the reports that would present a clear and specific threat to the safety and security of a facility.

## Standard 115.389: Data storage, publication, and destruction

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

#### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

#### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

Supporting Documents, Interviews and Observations

1. PREA Annually Report approved and Posted on Website
2. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
3. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18
4. SCDJJ Policy H-3.15 Prevention of Sexual Offenses toward Juveniles (A1,B1,B2,C1,C2) 06/13/18
5. SCDJJ Policy B-5.5 Retention and Disposition of Departmental Records
6. SCDJJ Policy B-5.3 Confidentiality and Release of Juvenile Information
7. Interviews:
  - a. Facility administrator
  - b. Facility PREA compliance manager

- A. The agency's aggregated sexual abuse data from the facility under its direct control is made readily available to the public at least annually through its website. Before making aggregated sexual abuse data publicly available the agency removes all personal identifiers.
- B. The agency has removed personal identifiers before making aggregated sexual abuse data publicly available.
- C. The agency maintains sexual abuse data collected for at least 10 years after the date of initial collection.

**AUDITING AND CORRECTIVE ACTION**

**Standard 115.401: Frequency and scope of audits**

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

**115.401 (a)**

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
 Yes    No    NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

##### Supporting Documents, Interviews and Observations

1. SCDJJ Policy H-3.16 Application of the PREA Standards - 03/05/18

2. First third of the SCDJJ facilities are audit using the DOJ PREA Standard (2018)
3. Director's Update (3/1/18)
4. SCDJJ Website @ <http://www.state.sc.us/djj/>
5. Interview:
  - a. Facility administrator
  - b. Facility PREA compliance manager

- A.** The agency has not ensured that each facility operated by the agency is audited at least once every three years. The agency did not ensure that a third of each facility type is audit every year as well. However, the agency PREA coordinator presented a plan to ensure that all facilities will receive a PREA audit according to DOJ PREA standards.
- B.** The agency and/or facility demonstrated compliance with the PREA standards by submitting policies, procedures, reports, internal and external audits, and accreditations of the most recent one year period. The auditor conducted on-site visit that included sampling of relevant documents, other records, and additional information for the 12 month timeframe.
- C.** During the on-site audit, the auditor was given access to all areas of the facility, site observes; the auditor requested and received copies of relevant documents to include electronically stored information.
- D.** The auditor has retained and preserves documentation used to make audit determinations and the documentation is available to the Department of Justice upon request.
- E.** The auditor interviewed representative samples to include those listed below and was permitted to conduct all formal interviews privately.
- Agency and facility leadership
  - Random staff
  - Specialized staff
  - Supervisors
  - Administrators
  - Random residents
  - Targeted residents
  - Etc.
- F.** The PREA Audit Notice was posted to permit residents to send confidential information or correspondence to the auditor.

### **Interview Results:**

- Interview with PREA coordinator indicated that the agency has not conducted the required PREA Audits every year. The agency has ensured that at least one-third of each type is audited beginning 2018.

## Standard 115.403: Audit contents and findings

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

### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

Supporting Documents, Interviews and Observations

1. SCDJJ Website @ <http://www.state.sc.us/djj/>
2. PREA Audit: Pre-Audit Questionnaire Juvenile Facilities
3. Interview:
  - a. Facility administrator
  - b. Facility PREA compliance manager

**A.** This report describes in the narrative the methodology, sampling sizes, and the basis for the auditor's conclusions provide such information to the agency upon request, and may provide such information to the Department of Justice.

**Interview Results:**

- Interviewed facility administrator, facility PREA compliance manager and a review of the agency website indicated that the agency has not made publicly available PREA audits as required by standard. The PREA audits for SCDJJ process started 2018.

<b>AUDITOR CERTIFICATION</b>
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I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

**Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Adam T. Barnett, Sr.

March 23, 2019

**Auditor Signature**

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<sup>1</sup>See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup>See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.