

PREA Facility Audit Report: Final

Name of Facility: South Carolina Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 09/01/2024

Date Final Report Submitted: 03/01/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Sonya C Love	Date of Signature: 03/01/2025

AUDITOR INFORMATION	
Auditor name:	Love, Sonya
Email:	sonya.love57@outlook.com
Start Date of On-Site Audit:	05/15/2024
End Date of On-Site Audit:	05/16/2024

FACILITY INFORMATION	
Facility name:	South Carolina Juvenile Detention Center
Facility physical address:	1725 Shivers Road , Columbia, South Carolina - 29212
Facility mailing address:	1725 Shivers Road, Columbia, South Carolina - 29210

Primary Contact

Name:	Shaquan Grooms
Email Address:	ShaquanMGrooms-Bellamy@djj.sc.gov
Telephone Number:	8038969441

Superintendent/Director/Administrator	
Name:	Shaquan Grooms
Email Address:	ShaquanMGrooms-Bellamy@djj.sc.gov
Telephone Number:	8038969441

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Detarsha Buckmon-Bamberg
Email Address:	DetarshaDBuckmon-Bamberg@djj.sc.gov
Telephone Number:	8038966073

Facility Characteristics	
Designed facility capacity:	72
Current population of facility:	90
Average daily population for the past 12 months:	74
Has the facility been over capacity at any point in the past 12 months?	Yes
What is the facility's population designation?	Both womens/girls and mens/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-18
Facility security levels/resident custody levels:	2 Secure Confinement
Number of staff currently employed at the facility who may have contact with residents:	83
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	27

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

Agency Chief Executive Officer Information:	
Name:	Executive Director Eden Hendrick

Email Address:	EdenHendrick@djj.sc.gov
Telephone Number:	803896590

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

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> 115.331 - Employee training
Number of standards met:	
41	
Number of standards not met:	
1	<ul style="list-style-type: none"> 115.313 - Supervision and monitoring

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-15
2. End date of the onsite portion of the audit:	2024-05-16

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Pathways to Healing-director of the organization.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	72
15. Average daily population for the past 12 months:	90
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	62
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	6
20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	4
21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	10
28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	Statistical data regarding certain population types from the prior 12 period were not obtainable within the allotted time frame.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	72
31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	SCDJJ has experienced staff shortages, particularly with custody staff. SCDJJ continues to recruit for vacant positions and actively trains new staff.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<div> <input checked="" type="checkbox"/> Age </div> <div> <input checked="" type="checkbox"/> Race </div> <div> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) </div> <div> <input checked="" type="checkbox"/> Length of time in the facility </div> <div> <input checked="" type="checkbox"/> Housing assignment </div> <div> <input checked="" type="checkbox"/> Gender </div> <div> <input type="checkbox"/> Other </div> <div> <input type="checkbox"/> None </div>
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The population sampled is based on living unit and vulnerable characteristics such as history of victimization, report of sexual abuse, gender identity, physical visibility, or cognitive disability.

37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	11
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	6
41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	4

42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="817 416 1469 577"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="817 622 1469 703"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The population sampled is based on living unit and vulnerable characteristics such as history of victimization, report of sexual abuse, gender identity, physical visibility, or cognitive disability.
43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="817 1384 1469 1545"> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div data-bbox="817 1590 1469 1671"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The Auditor confirmed with the facility administration, medical staff, and mental health practitioners the absence of this youth population.

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

46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The Auditor confirmed with the facility administration, medical staff, and mental health practitioners the absence of this youth population.</p>
47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	<p>0</p>
47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>The Auditor confirmed with the facility administration, medical staff, and mental health practitioners the absence of this youth population.</p>
48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	<p>10</p>

49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The population sampled is based on living unit and vulnerable characteristics such as history of victimization, report of sexual abuse, gender identity, physical visibility, or cognitive disability.
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The Auditor confirmed with the facility administration, medical staff, and mental health practitioners the absence of this youth population.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	11

<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>53. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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

55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

12

56. Were you able to interview the Agency Head?

☐ Yes

☒ No

56. Explain why it was not possible to interview the Agency Head:

The Agency Head designated the Chief of Staff as my point of contact for the interview.

57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

58. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

59. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	1
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="checked" type="radio"/> Yes <input type="radio"/> No
71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	12	0	12	0
Staff-on-inmate sexual abuse	3	0	3	0
Total	15	0	15	0

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	5	5	2	0
Staff-on-inmate sexual abuse	2	1	0	0
Total	7	6	2	0

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	2	0	0	0
Staff-on-inmate sexual harassment	1	0	0	0
Total	3	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

3

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	5
81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
86. Explain why you were unable to review any sexual harassment investigation files:	Investigations are still pending
87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	Investigations still pending

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☒ Yes

☐ No

96. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

2

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.311 (a): An agency shall have a written policy mandating zero tolerance toward sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>As indicated in PAQ 115.311 (a) SCDJJ, the agency has a written policy mandating zero tolerance toward sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>By examination and review of SCDJJ, Policy 321, The South Carolina Department of Juvenile Justice (SCDJJ) has a zero-tolerance standard for youth-on-youth sexual violence or any form of staff sexual harassment or staff sexual misconduct with a youth. According to the said policy, SCDJJ staff will promptly respond to and investigate all allegations/reports of sexual violence involving youth and staff sexual harassment of or staff sexual misconduct with a youth. It will cooperate with and support prosecuting all responsible parties involved in such conduct. [Also see SCDJJ Policy 336, Application of the Prison Elimination Act (PREA) Standards].</p>

By examination, SCDJJ Policy 336, Application of the Prison Elimination Act (PREA) Standards, Section A, Prevention Planning, Subsection 1, page 1, also outline aspects of the agency's implementation plan. The policy refers readers to SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth, which establishes zero tolerance for any form of sexual abuse and/or sexual harassment in all facilities operated by or operated under contract with SCDJJ. [PREA Standard(s) §115.311(a), §115.312 (a) (b)].

By examination, SCDJJ Policy 336, Application of the Prison Elimination Act (PREA) Standards, Section A, Subsection 3, page 1, indicates for each facility SCDJJ operates and contracts with, a facility Validation Administrator/PREA Coordinator shall be designated and will have the authority to oversee the facility's day-to-day PREA compliance efforts and will serve as the facility's liaison on all matters concerning PREA within that institution. [PREA Standard(s)§115.311].

During an interview with the agency Validation Administrator/PREA Coordinator, she confirmed that SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, page 1, supports compliance with this substandard. The policy applies to the SCDJJ Detention Center, Evaluation Centers, Broad River Road Complex, and all contracted alternative facilities.

PAQ 115.311 (a)-2 SCDJJ confirmed "yes" that the facility has a policy outlining how to implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

By examination, this Auditor confirmed that SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, pages 1-19, outlines how to implement the agency's/ facilities approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Further, by examination, SCDJJ Policy 336, Application of the Prison Elimination Act (PREA) Standards, Section A, Prevention Planning, Subsection 2, page 1, indicates that Validation Administrator/PREA Coordinator has full authority for development, implementation, and oversight of the Agency's efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ [PREA Standard(s) §115.311(b)].

PAQ 115.311 (a)-3 SCDJJ confirmed "yes" that the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

By examination, this Auditor determined that SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, pages 1-19, does not contain definitions of prohibited behaviors regarding sexual abuse and sexual harassment. However, the Validation Administrator/PREA Coordinator provided this Auditor with definitions of prohibited behaviors regarding sexual abuse and sexual harassment in a document termed General Definitions for PREA Standards, Attachment 321A, pages 1-2, to confirm compliance with this substandard.

115.311 (b): An agency shall employ or designate an upper-level, agency-wide PREA

coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

PAQ 115.311 (b)-1, SCDJJ confirmed that the agency employs or designates an upper-level, agency-wide Validation/PREA Coordinator.

Through an interview with SCDJJ, the Validation Administrator/PREA Coordinator, identified by the agency as the Validation Administrator/PREA Coordinator, confirmed that the agency has a policy that provides the position of PREA Coordinator with full authority for developing, implementing, and overseeing the Agency's efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ [PREA Standard(s) §115.311(b)].

Further, by examination, this Auditor determined that SCDJJ Policy 336, Application of the Prison Elimination Act (PREA) Standards, Section A, Prevention Planning, Subsection 2, page 1, indicates that Validation Administrator/PREA Coordinator has full authority for the {sic} development, implementation, and oversight of the Agency's efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ [PREA Standard(s) §115.311(b)].

The Auditor found that the agency has a position called Validation Administrator/PREA Coordinator, responsible for ensuring compliance with PREA standards in all facilities. The Validation Administrator/PREA Coordinator, who is part of the upper management, confirmed that she has the authority and time to oversee the agency's compliance efforts. However, during the audit, the Auditor and the Validation Administrator/PREA Coordinator faced difficulties obtaining evidence of compliance in certain areas (investigations) despite multiple requests for the required documents.

The Auditor returned to the agency at the request of SCDJJ, Safety and Law Enforcement Services, to explain details of PREA Standards 115.71, 115.72, and 115.73 and the agency's non-compliance with PREA requirements. The agency has a Validation Administrator/PREA Coordinator responsible for ensuring compliance with PREA standards in all facilities. The Validation Administrator/PREA Coordinator, part of the upper management, confirmed having the authority and time to oversee compliance efforts. However, during the audit, challenges were faced in obtaining evidence of compliance in certain areas despite multiple requests for the required investigative documents to assess compliance with multiple PREA Standards.

At the meeting, the Chief of Safety was unaware that no investigation documents were provided to the PREA Coordinator for this audit period, which raised concerns. Additionally, the Major/Director of Criminal Investigations for Safety and Law Enforcement Services seemed unengaged, primarily focused on scrolling her cell phone throughout the two hours. Key correctional managers of the Division of Law Enforcement were also unaware of the agency's policy requirements and the memorandum of understanding (MOU) with the South Carolina Law Enforcement Division (SLED). Specifically, they were unaware of the scope and guidelines associated with the MOU, which is troubling considering the obligation for SCDJJ, under certain conditions, to report serious incidents to the Inspector General to

SLED for investigation, as per the MOU.

SCDJJ Policy 328 Investigations, Definitions, Number 9, indicates, Other investigative agencies: any agency authorized by city, county, state, federal government or mandated by court order to investigate allegations of wrongdoing, such as the South Carolina Law Enforcement Division (SLED). Serious incidents, as agreed upon in accordance with the Memorandum of Agreement (MOA) with SLED, will be reported by the Inspector General to SLED for investigation.

SCDJJ Policy 328 Investigations, Section D. Investigation Assignment, Subsection 10, page 6, indicates allegations of child abuse must be reported via the ERS system. If the allegation is

from a camp, the South Carolina Department of Social Services (DSS) Out of Home, Abuse and Neglect (OHAN) Division will be notified, and they, along with the local law enforcement agency, will be responsible for conducting the investigation. Allegations of institutional abuse and neglect that are alleged to have occurred in one of the five (5) secure SCDJJ facilities will be reported to SLED pursuant to S.C. Code Section 63-7-1220 and the SCDJJ/SLED MOU.

SCDJJ Policy 328 Investigations, Section E., Criminal Investigations, Subsection 1, page 6 states that serious allegations involving potential criminal violations will be assigned to the Criminal Investigations Section for investigation.

Despite numerous questions, this Auditor obtained zero investigative documents for this audit review period. The respective standards will address noncompliance with ancillary standards affected by investigative evidence.

115.311 (c): Where an agency operates more than one facility, each facility shall designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

By examination, this Auditor determined that SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Procedural Guidelines, Section A, page 1, indicates that each SCDJJ and contracted facility will designate a Validation Administrator/PREA Coordinator with sufficient time and authority to manage each facility's efforts to comply with the PREA Standards under the guidance of the agency's Validation Administrator/PREA Coordinator. By examining the agency's website, the Auditor determined that SCDJJ operates more than one facility.

PAQ 115.311 (c)-1, South Carolina Juvenile Detention Center(SCJDC), confirmed the designation of a position termed PREA Compliance Manager. However, in the facility section of the OAS, the facility omitted the name of the individual who holds that position. It should be noted that SCDJJ provided evidence to indicate that the position was vacant and was advertised by the agency as Validation Administrator/PREA Coordinator. The position opened on 05/03/2023 and closed on 5/10/2023 at 5:00 PM Eastern. As of the first day of the onsite portion of this audit, May 13, 2024, the position was unfilled. However, the facility designated an interim PREA Compliance Manager who also serves in the role of Captain at the South Carolina

Juvenile Detention Center. According to the Validation Administrator/PREA Coordinator, during re-organization, the PCM responsibilities collapsed into the duties of the Captain. This explains why the position was unfilled.

PAQ 115.311 (c)-3, the South Carolina Juvenile Detention Center indicates that the position of the PREA Compliance Manager is not the agency's organizational structure:

The role of PREA Compliance Manager is currently held by the facility Captain. Problematic, based on the organization chart provided by the facility, the South Carolina Juvenile Detention Center has a vacant Captain position; therefore, this Auditor questions the Captain's ability to devote sufficient time and effort to coordinate the facility's efforts to comply with the PREA standards.

This Auditor interviewed the facility Captain during the on-site audit. The Captain indicated that she had sufficient time and authority to complete her PREA-related responsibilities for the facility.

PAQ 115.311 (c)-4, SCDJJ confirms that the person to whom the PREA Compliance Manager reports is the facility administrator.

During an interview with the Captain of Security, they confirmed that acting in the role of the facility PREA Compliance Manager, the position is a direct report to the Facility Administrator and was confirmed for PREA-related development, implementation, prevention, and corrective actions. Further, acting in the role of Captain of Security, the direct report would be the Assistant Facility Administrator.

Corrective Action:

115.311 (a)-3 The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. By examination, this Auditor determined that SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, pages 1-19, does not contain definitions of prohibited behaviors regarding sexual abuse and sexual harassment. This substandard requires corrective action. SCDJJ will upload Attachment 321A, General Definitions for PREA Standards.

Evidence relied upon:

1. Pre-audit questionnaire
2. SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, (effective date 05/05/2021)
3. General Definitions for PREA Standards, Attachment 321A, (effective date.03/00/2022) (Corrective Action)
4. SCDJJ Policy 336, Application of PREA Standards (effective date 05/05/2021)
5. Interview with the facility Captain/PCM
6. Interview with the Validation Administrator/PREA Coordinator
7. Interview with the Assistant Director of the SCDJJ Division of Law Enforcement

	<p>Conclusion:</p> <p>The Auditor's analysis and reasoning show that this standard meets compliance.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The South Carolina Department of Juvenile Justice (SCDJJ) 's Policy 321, Prevention of Sexual Offenses toward Youth, addresses this standard.</p> <p>115.312 (a): A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>PAQ 115.312 (b)-1 The South Carolina Department of Juvenile Justice confirmed that the above contracts require the agency to monitor the contractor's compliance with PREA standards.</p> <p>According to the South Carolina Department of Juvenile Justice (SCDJJ) 's Policy 321, Prevention of Sexual Offenses toward Youth, Procedural Guidelines, Sections A, Standards Manager, and Performance-based Standards (PbS)/PREA Compliance Coordinator, page 1, indicates that each SCDJJ and contracted facility will designate a PbS/PREA Compliance Coordinator with sufficient time and authority to, under the guidance of the agency's Standard Manager, manage each facility's efforts to comply with the PREA Standards.</p> <p>Further, the South Carolina Department of Juvenile Justice (SCDJJ) 's Policy 321, Prevention of Sexual Offenses toward Youth, Procedural Guidelines, Sections B, SCDJJ Facilities, page 1, indicates that Policy 321 applies to the SCDJJ Detention Center, Evaluation Centers, Broad River Road Complex, and all contracted alternative facilities. Section C of SCDJJ contractual agreements with private agencies or other entities includes non-negotiable language obliging an entity to adopt and comply with the PREA standards.</p> <p>115.312 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>DJJ has developed various community-based residential services (9) to keep youth in the least restrictive environment. According to the agency contract administrator, any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. While the contract administrator provided evidence of Section C, language obliging an entity</p>

to adopt and comply with the PREA standards omitted was required, as well as a select contract with an indication of the relevant page/section. This substandard requires corrective action. The associate contracts provided by SCDJJ omit language necessary to confirm compliance. Discussion with the PREA Coordinator and further discussion with the contracts department produced the necessary evidence for this substandard in the corrective action period.

Low Country

- Beaufort Marine Institute | 60 Honey Bee Island Rd., Seabrook, SC 29940 (Beaufort County) | Males, 30 beds

Midlands

- Camp Aspen | 5300 Broad River Rd., Columbia, SC 29212 (Richland County) | Males, 30 beds
- Camp White Pines | 742 T. Bishop Rd., Jonesville, SC 29353 (Union County) | Males, 40 beds
- Gateways | 1748 Shivers Road, Columbia, SC 29210 (Richland County) | Males, 12 beds

Pee Dee

- Camp Bennettsville | 620 Marlboro Rd., Bennettsville, SC 29512 (Marlboro County) | Males, 20 beds
- Camp Sand Hills | 2381 Campbell Lake Rd., Patrick, SC 29584 (Chesterfield County) | Males, 30 beds
- Georgetown Marine Institute | Highway 17, East CCC Rd., Georgetown, SC 29440 (Georgetown County) | Males, 30 beds

Upstate

- Generations (Bridges) | 820 Dunkilin Bridge Rd., Simpsonville, SC 29680 (Greenville County) | 26 beds
- Piedmont Wilderness Institute | 20238 Highway 72, Clinton, SC 29325 (Laurens County) | Females, 20 beds

Corrective Action:

1. 115.312 (b): Any new contract or renewal shall include agency contract monitoring to ensure the contractor complies with PREA standards. SCDJJ will provide evidence through select contracts (e.g., Piedmont Wilderness Institute, Camp White Pines, and Georgetown Marine Institute) to confirm compliance with this standard. As of 08/25/2024, SCDJJ has provided evidence of compliance in the form of contracts that include PREA requirements; see the sample RFP for Marine Camp and Wilderness Camp,

	<p>Section G. Prison Rape Elimination Act (PREA) Standards, page 8, states: The contractual program shall adopt and comply with the federal Prison Rape Elimination Act (PREA) Standards concerning any juvenile placed by SCDJJ in the contractual program. The contractual program must ensure that all employees, as well as those from other agencies, entities, or contractors who directly supervise juveniles, are oriented and trained on their responsibilities related to PREA before they are allowed to have contact with any juvenile. The contractual program must immediately report each PREA-related incident, complaint allegation, or investigation to SCDJJ. The Contractor will comply with all ERMIS reporting requirements. During regular working hours, SCDJJ's Office of Community Alternatives must be contacted immediately by the Program to report any available preliminary information about the event. After regular working hours or on weekends or holidays, SCDJJ's Inspector General's Office must be contacted immediately via an ERMIS report.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none">1. PAQ2. SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, (effective 05/05/2021)3. SCDJJ General Definitions for PREA Standards, Attachment 321A (effective 03/00/2022)4. SCDJJ Policy 336, Application of PREA Standards (effective 05/05/2021)5. Interview with the facility Captain/PCM6. Interview with the Validation Administrator/PREA Coordinator7. Interview with agency Contract Administrator8. Sample contract review, RFP for Marine Camp (uploaded 08/25/2024)9. Sample contract review, RFP for Piedmont Wilderness Institute (uploaded 08/25/2024)10. Sample contract review, email dated 02/09/2024 regarding contract request for this audit <p>Conclusion:</p> <p>The narrative above thoroughly examines all evidence considered for compliance or non-compliance, along with the Auditor's analysis, rationale, and final conclusions.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion

115.313 (a): The agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors (See the South Carolina Department of Juvenile Justice (SCDJJ) 's Policy 321, Prevention of Sexual Offenses toward Youth,

PAQ 115.313 (a)-1, As confirmed by SCDJJ, ensures that each facility it operates shall develop, implement, and document a staffing plan that provides adequate staffing levels and, where applicable, video monitoring to protect residents against sexual abuse.

SCDJJ Policy 336 Application of the PREA Standards, Procedural Guidelines, Section A, Prevention Planning, pages 2-4, outlines the agency's mandate in support of the Prison Rape Elimination Act (PREA) but specifically Standard 115.313.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section G. Youth Supervision and Security Practices, pages 8-9, outlines that security practices will be consistent with SCDJJ Policies 309R, Control of Keys, 312, Search Procedures, 314, Camera Surveillance System and 328, Investigations.

This Auditor confirmed that SCJJJ (JDC) developed a Facility Staffing Plan for the facility. Page two of the facility plan indicates that the facility considers factors such as the location and physicality of video monitoring to protect youths against sexual abuse, judicial findings of inadequacy from Federal Investigative bodies, findings of inadequacy from internal or external oversight bodies, blind spots, the composition of the youth population, the number and placement of supervisory staff, programming schedules and any applicable laws.

Problematic: By examination, this Auditor determined that the facility staffing plan does not account for adequate staffing ratio requirements as outlined in Standard 115.313, 1:8 waking hours and 1:16. Page seven of the facility staffing plans indicates a minimum staffing level of one staff per unit. Further review of SCDJJ Deviation From Staffing Plan documents sampled from 9/04/2023 (A) indicated the following deviations:

Alpha Wing (27 youth) (1 security staff)

Bravo Wing (29 youth) (2 security staff)

Charlie Wing (13 youth) (1 security staff)

Delta Wing (18 youth) (1 security staff)

Echo Wing (20 youth) (1 security staff)

Foxtrot Wing (12 youth) (1 security staff)

Laurel Unit closed

SCDJJ Deviation From Staffing Plan documents sampled from 9/04/2023 (B) indicates:

Alpha Wing (29 youth) (security staff) * the deviation form did not indicate the number of security staff present.

Bravo Wing (31 youth) (security staff) * the deviation form did not indicate the number of security staff present.

Charlie Wing (13 youth) (security staff) * the deviation form did not indicate the number of security staff present.

Delta Wing (18 youth) (2 security staff) * the deviation form did not indicate the number of security staff present.

Echo Wing (21 youth) (security staff) * the deviation form did not indicate the number of security staff present.

Foxtrot Wing (12 youth) (security staff) * the deviation form did not indicate the number of security staff present.

Laurel Unit closed

Further review of a sample of SCDJJ Deviation From Staffing Forms submitted as evidence for review in this substandard was incomplete; some documents examined did not specify the number of staff present, whether the deviation occurred during waking or sleeping hours, or what shift it occurred during.

PAQ 115.313 (a)-2 The facility confirmed that since August 20, 2012, or the last PREA audit, whichever is later, the average daily number of residents was 74 youth.

During the on-site review, the Auditor compared the written staffing plan to observations of staffing to determine whether the staffing plan adequately assesses the facility's staffing and/or electronic monitoring needs with sexual safety in mind, whether the facility is staffed according to the plan, and whether deviations from the plan would be documented. The facility tour included areas such as living units, medical, clinical services, and education.

During the facility tour, this Auditor observed the number of staff and contractors onsite (including security and non-security staff) and staffing patterns during every shift, including in the housing units. This Auditor noted that the facility utilized in-

room isolation when necessary for administrative/disciplinary segregation and protective custody. There were zero volunteers present and three security contractors present on both days of this audit.

Alpha Wing (18 youth) (1 security staff)

Bravo Wing (20 youth) (1 security staff)

Charlie Wing (9 youth) (1 security staff)

Delta Wing (17 youth) (1 security staff)

Echo Wing (12 youth) (1 security staff)

Foxtrot Wing (11 youth) (1 security staff)

Laurel Unit closed

Infirmery (1 youth) offsite)

115.313 (b): The agency shall comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

PAQ 115.313 (b)-1 Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

Reviewing a sample of SCDJJ Deviation Staffing Plan Forms, this Auditor found that SCDJJ (JDC) frequently does not adhere to the staffing requirements outlined in this standard. Notably, the staffing plan seems insufficient to meet these requirements. The facility reports that over the past 12 months, numerous instances have deviated from the staffing ratios outlined in this standard. According to the Facility Administrator and the PAQ, staffing shortages arose from emergencies such as illness, training, and overall staffing shortages.

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

PAQ 115.313 (c)-1 The facility affirmed that it is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.

As prescribed in Standard 115.331 (C), the Auditor's observations also included staff line of sight, assessing whether there were blind spots, and assessing the location of cameras around the facility. Areas off-limits and prohibited to youth were noted by visible signage. From the control room, this Auditor determined that the facility

could rotate through different video camera frames to observe areas off-limits to youth.

PAQ 115.313 (c)-2 SCDJJ indicates "no" that the maintains staff ratios of a minimum of 1:8 during resident waking hours.

During the facility tour, this Auditor observed inadequate levels of supervision and the frequency of cell checks in housing areas where youth are assigned to cells or sleeping in temporary "boats near officer posts to enhance observation of specific vulnerable youth. This Auditor also observed indirect supervision practices, including camera placement from a central control room, inquired about and observed the monitoring room, and observed staffing rotation (i.e., how often the camera feed is monitored and by whom).

An informal conversation with custody staff confirmed that the facility is operating understaffed. SCDJJ continues to recruit new staff and frequently conducts new employee training; however, the difficulty remains in keeping new staff. As a stopgap to staffing shortages, SCDJJ contracts with a local security company and employs contractors to work non-contact security posts such as the control room and front gate. Interviews with a select group of facility (targeted and random) youth confirmed an awareness of the staffing shortage and the impact understaffing carries on the response, detection, observation, and prevention of sexual abuse and sexual harassment. The Executive Director, who took over last fall after a resignation, has outlined to lawmakers her planned overhaul of the agency, restructured the agency's leadership, modernized facilities, and instituted sign-on and retention bonuses at the agency to try to fill correctional officer vacancies.

PAQ 115.313 (c)-3 SCDJJ indicates "yes" that the facility maintains a staff ratio of at least 1:16 during resident sleeping hours.

The Facility Administrator confirmed that the information in PAQ 115.313 C-3 was accurate and that the facility maintains staffing ratios of a minimum of 1:16 during youth sleeping hours. Staffing deviation documents examined indicate otherwise.

PAQ 115.313 (c)-4 SCDJJ indicates that in the past 12 months, the facility deviated from the 1:8 security staffing ratio 177 times during resident waking hours.

Based on information in PAQ 115.313 (c) 4, Problematic, in the past 12-month period, 177 times, or 48.49% of the period under review, SCDJJ was understaffed and failed to meet the staffing requirement as outlined in this standard. This substandard requires corrective action.

PAQ 115.313 (c)-5 SCDJJ indicates that during this 12-month review period, the facility deviated from the staffing ratio of 1:16 during youth sleeping hours 50 times.

In an interview with the Facility Administrator, they recognized the issue of staff shortages but outlined the agency's actions to hire adequate personnel to ensure the facility meets PREA standards. The agency's Validation Administrator/PREA

Coordinator also provided insights into the initiatives aimed at recruiting, training, and retaining custody staff. Similarly, during this reporting period, the Auditor interviewed the Chief of Staff, who elaborated on the agency's strategies to recruit and train correctional staff to alleviate staffing deficiencies in all facilities. A review of SCDJJ's official website verified that it features a page dedicated to diverse career opportunities, which includes bonus incentives for critical positions, such as juvenile correctional officers, starting at a salary of \$43,808, along with annual bonuses based on years of service.

0-4 yrs, \$2,500

5-9 yrs \$3,000

10 + yrs \$4,000

Evidence Relied Upon:

1. PAQ
2. SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth (effective date 05/06/2021)
3. SCDJJ Attachment 321A General Definitions for PREA Standards (03/00/2022)
4. SCDJJ Policy 336, Application of PREA Standards (effective date 05/05/2021)
5. Facility tour
6. Informal conversations with custody staff
7. Interview with the Facility Administrator
8. Interview with the Validation Administrator/PREA Coordinator
9. Interview with Intermediate or Higher-Level Facility Staff
10. SCDJJ *Deviation From Staffing Plan* Form dated 09/04/2023
11. SCDJJ *Deviation From Staffing Plan* Form dated 09/04/2023
12. SCDJJ *Deviation From Staffing Plan* Form dated 09/05/2023
13. SCDJJ *Deviation From Staffing Plan* Form dated 09/05/2023
14. SCDJJ *Deviation From Staffing Plan* Form dated 09/08/2023
15. SCDJJ *Deviation From Staffing Plan* Form dated 09/08/2023
16. SCDJJ *Deviation From Staffing Plan* Form dated 09/10/2023
17. SCDJJ *Deviation From Staffing Plan* Form dated 09/10/2023
18. SCDJJ *Deviation From Staffing Plan* Form dated 09/11/2023
19. SCDJJ *Deviation From Staffing Plan* Form dated 09/13/2023
20. SCDJJ *Deviation From Staffing Plan* Form dated 09/13/2023
21. A sample review of unannounced rounds dated 04/08/2024 (no time noted)
22. A sample review of unannounced rounds dated 03/13/2024 (1810 hours)
23. A sample review of unannounced rounds dated 02/14/2024 (2108 hours)
24. A sample review of unannounced rounds dated 01/10/2024 (1000 hours)
25. A sample review of unannounced rounds dated 12/25/2023 (0915 hours)
26. A sample review of unannounced rounds dated 11/08/2023 (1040 hours)
27. A sample review of unannounced rounds dated 01/10/2024 (1000 hours)
28. A sample review of unannounced rounds dated 10/21/2023 (1840 hours)

	<p>29. A sample review of unannounced rounds dated 08/28/2023 (1806 hours)</p> <p>30. Additional documentation of unannounced rounds and evidence that such rounds cover all shifts.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. The facility will review the staffing plan for 1:8 (waking hours) and 1:16 (sleeping hours) and include all requirements as outlined in Standard 115.313 (a-d). 2. The facility will consult with the agency Validation Administrator/PREA Coordinator. 3. The Validation Administrator/PREA Coordinator will review the facility plan and account for the required staffing of 1:8 (waking hours) and 1:16 (sleeping hours). Deviations from the staffing plan will be documented. 4. The Validation Administrator/PREA Coordinator will provide the Auditor with evidence of compliance with this standard. 5. SCDJJ, the facility will provide additional evidence through a sample of specific staffing dates to determine whether it met the staffing requirements outlined in this standard. <p>Conclusion:</p> <ol style="list-style-type: none"> 1. The narrative above includes a comprehensive discussion of all the evidence relied upon in making the non-compliance determination, the Auditor's Analysis and reasoning, and the auditor's conclusions.
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115.315	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The South Carolina Department of Juvenile Justice's Policies 513, Supervision of Juveniles in Secure Residential Facilities, 321, Prevention of Sexual Offenses toward Youth and Contraband Control and Search Procedures, and 336, Application of the PREA Standards, address Standard 115.315.</p> <p>115.315 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>According to SCDJJ Policy 336, Application of the PREA Standards, Procedural Guidelines, Section A6, Preventive Planning, page 2, indicates that SCDJJ does not</p>

conduct cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down/frisk searches, except in limited and documented exigent circumstances. All cross-gender searches will be reported on Form 312B, Cross-Gender Search [PREA Standard(s) §115.315 (a)(b)(c)]. The number of nonmedical persons involved in cross-gender strip or visual searches in the prior 12-month period was zero, according to the facility.

In PAQ 115.315 (a)-1, SCDJJ indicates that the facility conducts cross-gender strip or cross-gender visual body cavity searches of residents only in exigent circumstances.

The Facility Administrator stated that no non-medical staff were involved in any cross-gender strip or visual search during this reporting period. The Auditor interviewed a sample of specialized staff members, and none reported any involvement or knowledge of non-medical staff participating in a cross-gender strip or visual body cavity search.

In PAQ 115.315 (a)-2, SCDJJ indicates in the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents was zero.

The Auditor interviewed a sample of specialized staff members, and none reported any involvement or knowledge of non-medical staff participating in a cross-gender strip or visual body cavity search. Further, the Auditor interviewed a sample of random youth during the onsite portion of this audit. Zero indicated ever being searched by a non-medical staff participating in a cross-gender strip or visual body cavity search.

In PAQ 115.315 (b), SCDJJ indicates that SCDJJ shall not conduct cross-gender pat-down searches except in exigent circumstances.

SCDJJ Policy 336, Application of the PREA Standards, Application of the PREA Standards, Procedural Guidelines, Prevention Planning, Section A6, page 2, indicates that SCDJJ does not conduct cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down/frisk searches, except in limited and documented exigent circumstances. All cross-gender searches will be reported on Form 312B, Cross-Gender Search [PREA Standard(s) §115.315 (a)(b)(c)]. The number of nonmedical persons involved in cross-gender strip or visual searches in the prior 12-month period was zero, according to the facility.

Interviews with random and specialized custody staff (all) confirmed that the facility would only conduct cross-gender pat-down searches except in exigent circumstances. Each interviewee was able to provide this Auditor with examples of what would qualify as an exigent circumstance, including a medical emergency, severe weather, or fire.

In PAQ 115.315 (b)-1, SCDJJ affirms the facility does not permit cross-gender pat-down searches of residents absent exigent circumstances.

Interviews with random and specialized custody staff (all) confirmed that the facility

does not permit. Further, the Auditor interviewed a sample of random youth during the onsite portion of this audit. All youth sampled denied being cross-gender pat-down searches by a staff member of the opposite gender.

PAQ 115.315 (b)-2, SCDJJ confirmed that in the past 12 months, the number of cross-gender pat-down searches of residents: was zero.

115.315 (c): The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

During the on-site portion of this audit, a select group of random and specialized staff were interviewed. All denied participating or involvement in cross-gender pat-down searches of residents. Likewise, during the same period, this Auditor interviewed a select group of random (11) and targeted youth (11), totaling 22. All denied being subjected to a cross-gender pat-down search during their placement at the facility. Zero logs were available documenting exigent circumstances that might require deviance from Standard 115.15 (d) cross-gender viewing, as confirmed by the facility during the onsite portion of this audit.

115.315 (c): The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

During the on-site portion of this audit, a select group of random and specialized staff were interviewed. All affirmed a duty to consult with a supervisor before conducting cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches. Further, all confirmed an agency requirement to document and justify the search. Pursuant to SCDJJ Policy 336, Application of the PREA Standards, Procedural Guidelines, Prevention Planning, Section A7, page 2, SCDJJ does not conduct cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down/frisk searches, except in limited and documented exigent circumstances. All cross-gender searches will be reported on Form 312B, Cross-Gender Search [PREA Standard(s) §115.315 (a)(b)(c)].

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

In PAQ 115.315 (d)-1, SCDJJ affirms that the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera).SCDJJ has

implemented policies and procedures that enable youth 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.

SCDJJ Policy 336, Application of the PREA Standards, Procedural Guidelines, Prevention Planning, Section A7, page 2, directs all SCDJJ facilities to develop and comply with a written and documented standard operating procedure that allows youth to shower, perform bodily functions, and change clothing without being ultimately viewed by other youth, non-medical staff, or staff of the opposite gender, except in limited and exigent circumstances, or the line of one's official duties. [PREA Standard §115.315 (d)].

SCDJJ Policy 513 Supervision of Youth in Secure Residential Facilities, Section N, Supervision during Showers/Bathroom/Personal Hygiene, Subsection 4, pages 5-6 indicates that except in exigent/emergency circumstances, or when incidental to routine cell/room checks, a youth shall be allowed to shower, perform bodily functions, and change clothing without security staff, and all other non-medical staff, of the opposite gender being able to view a juvenile's breasts, buttocks or genitalia. (This includes viewing/monitoring via video camera). Staff shall have their presence announced/announce their presence when entering a housing unit/pod that contains juveniles of the opposite gender. If exigent/emergency circumstances exist that necessitate non-medical staff of the opposite gender from the youth, viewing the youth's breasts, buttocks, or genitalia, documentation of the viewing and the exigent/emergency circumstance which necessitated the event shall be recorded in the unit log book with the logs reviewed and the justification approved by supervisory staff, through their initialing the log book entry.

115.315 (d)-2 SCDJJ confirmed that policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/ areas where residents are likely to be showering, performing bodily functions, or changing clothing.

SCDJJ Policy 513 Supervision of Youth in Secure Facilities, Section N, Subsection 4, page 5 (effective date 01/03/2020) Except in exigent/emergency circumstances, or when incidental to routine cell/room checks, a youth shall be allowed to shower, perform bodily functions, and change clothing without security staff, and all other non-medical staff, of the opposite gender being able to view a juvenile's breasts, buttocks or genitalia. (This includes viewing/monitoring via video camera). Staff shall have their presence announced/announce their presence when entering a housing unit/pod that contains juveniles of the opposite gender. If exigent/emergency circumstances exist that necessitate non-medical staff of the opposite gender from the youth, viewing the juvenile's breasts, buttocks, or genitalia, documentation of the viewing and the exigent/emergency circumstance which necessitated the event shall be recorded in the unit log book with the logs reviewed and the justification approved by supervisory staff, through their initialing the logbook entry.

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

In PAQ 115.315 (e)-1, SCDJJ affirms that the facility/agency has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. SCDJJ Policy 336, Application of the PREA Standards, Procedural Guidelines, Prevention Planning, Section A9, page 2, indicates that at no time will any SCDJJ facility search or physically examine a transgender or intersex youth to determine the youth's genital status. [PREA Standard(s) §115.315(e)].

SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section F, Youth Assessment, Classification, Reclassification, and Housing Assignment in Secure Facilities, Subsection 6a8, Vulnerable Youth, page 6 indicates, Any non-conforming gender appearance or manner or identification as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) and whether the youth may be vulnerable to sexual abuse. Youth who identify as lesbian, gay, bisexual, transgender, questioning/queer, or intersex (LGBTQI) will be treated in accordance with SCDJJ Policy 918, Youth Rights and Responsibilities, and SCDJJ Policy 222, Employee Ethics and Relations with Others. [PREA Standard(s) §115.342 (c)]. Employees completing the youth intake will complete the Sexual Orientation, Gender Identity, and Gender Expression (SOGIE Assessment) Form 321E.

SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section F, Youth Assessment, Classification, Reclassification, and Housing Assignment in Secure Facilities, Subsection 6a9, Vulnerable Youth, page 6 indicates, Any other specific information about individual youth ascertained through health screenings, classification assessments, court records, case files, facility behavior logs, contact from parents or guardians regarding sexual vulnerability, information obtained from SCDJJ County Office Representatives, or other relevant documentation or communication from the youth's files.

SCDJJ Policy 336, Application of PREA Standards, Section A, Prevention Planning, Subsection 9, page 2, indicates that at no time will any SCDJJ facility search or physically examine a transgender or intersex youth for the purpose of determining the youth's genital status. [PREA Standard(s) §115.315(e)].

During the on-site portion of this audit, the Auditor interviewed a select group of random youth (11). From a total of 22 random and targeted youth, four youths indicated that opposite-gender announcements are not made, one youth indicated sometimes opposite-gender staff makes announcements, one youth indicated he is usually in his room, and therefore, he does not hear announcements if made by opposite-gender staff. One youth indicated, "I don't know, and he refrained from explaining his answer. During interviews with select random and specialized staff, all

confirmed that they are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident by reviewing medical records or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

115.315 (f): The agency shall train security staff in how to conduct cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully and in the least intrusive manner possible, consistent with security needs.

SCDJJ Policy 336, Application of PREA Standards, Section A. Prevention Planning, Subsection 10, pages 2-3 indicate that the Staff Development and Training Department will ensure all security staff are trained in how to conduct cross-gender pat-down/frisk searches and searches of Title: Application of the PREA Standards Page 3 of 13 transgender and intersex youth in a respectful manner, and consistent with security needs. [PREA Standard(s) §115.315 (f)].

According to the Validation Administrator/PREA Coordinator, SCDJJ trains all security staff on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully and in the least intrusive manner possible, consistently with security needs. Further, this Auditor interviewed a select group of random staff (11 SCDJJ staff), and each confirmed that SCDJJ trains all security staff on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully and in the least intrusive manner possible, consistent with security needs. Problematic, absent from evidence, was a select group of random staff training records to confirm, as indicated by SCDJJ, the training of security staff.

During the facility tour, the Auditor observed locations used to conduct strip searches, visual body cavity searches, and pat-down searches. He assessed whether opposite-gender staff (i.e., non-medical personnel) could watch the conduct of a strip search or visual body cavity search (absent exigent circumstances). If opposite-gender supervisors are required to supervise or observe strip searches, observe the area used to conduct searches and note if a privacy screen or other similar device is used to obstruct cross-gender viewing. If opposite-gender staff or personnel can be in the vicinity of the strip search area, observe the area used to conduct searches and note if a privacy screen or other similar device is used to obstruct cross-gender viewing or if the staff or personnel are kept at a sufficient distance where the contours of the breasts, genitalia, or buttocks are not readily distinguishable.

Further, interviews with a select group from the targeted population of youth included (1) youth who self-identified as gay, six youth with physical disabilities, and four youth with cognitive challenges. All searches of any kind were denied by the youth of staff of the opposite gender during placement in SCDJJ.

Informal conversations with contract staff posted in the control room regarding

	<p>cross-gender viewing include staff responsible for monitoring camera feeds/ electronic monitoring (e.g., procedures to prevent cross-gender viewing via electronic monitoring) and staff assigned to monitor continuous live camera feeds indicated that youth are fully clothed when they exit the shower area which is a facility requirement. During the facility tour, this Auditor did not observe cameras inside living quarters. Cameras were only located in public spaces where youth were required to remain clothed at all times. Further, during the facility tour, this Auditor heard opposite-gender announcements being made by opposite-gender staff. Informal conversation with youth in the living units confirmed that all youth must dress in the shower area, and SCDJJ requires all youth to be fully clothed in all common areas.</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. 115.315 (f): The agency shall train security staff to conduct cross-gender pat-down searches and searches of transgender and intersex residents professionally, respectfully, and in the least intrusive manner possible, consistent with security needs. SCDJJ will submit training records for six security staff to confirm training as required in this standard. <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, (effective 05/05/2021) 3. SCDJJ General Definitions for PREA Standards, Attachment 321A, (effective 03/00/2022) 4. SCDJJ Policy 336, Application of PREA Standards (effective 05/05/2021) 5. SCDJJ Policy 312 Search Procedures (effective 04/16/2020) 6. SCDJJ Contraband Control and Search Procedure, Staff Development and Training Form B-7.OD, (effective 02/20/2019) 7. SCDJJ 513 Supervision of Youth in Secure Residential Facilities (effective 01/03/2020) 8. Interview with the Validation Administrator/PREA Coordinator <p>Conclusion:</p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.316 (a): The agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration like a service, program, or activity or undue financial and administrative burdens, as those terms are used in regulations promulgated under Title II of the Americans With Disabilities Act, 28 CFR 35.164.

In PAQ 115.316 (a)-1, SCDJJ affirms that the agency has established procedures to provide disabled residents 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. Documentation of staff training on PREA-compliant practices for residents with disabilities is included in mandatory PREA training provided annually by SCDJJ to all staff. Problematic, while SCDJJ affirms the establishment of policies and procedures to provide disabled residents 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, absent was evidence of a written contractual agreement detailing the scope of work between the interpretive service and SCDJJ. This substandard requires corrective action.

SCDJJ Policy 336, Application of PREA Standards, Section A. Prevention Planning, Subsection 11, page 3, Consistent with SCDJJ Policy 905, Youth with Disabilities, SCDJJ will make available an Americans with Disabilities Act (ADA) Coordinator who shall take appropriate steps to ensure youth with disabilities and those who are limited English proficient, have an equal opportunity to participate in or benefit from all aspects of the agency's PREA efforts.

SCDJJ Policy 905 Youth with Disabilities, Section A, page 1, indicates that all youth identified as having a disability will have reasonable accommodations developed and implemented for them. No youth with a disability that otherwise qualifies for participation will be excluded from participation in programs, services, and activities offered by SCDJJ. Further, The same policy under Procedural Guidelines, Section A, page 1, that a youth is considered a person with a disability if he/she:

1. Has a physical or mental impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, walking, seeing,

hearing, speaking, breathing, learning, working, performing manual tasks, and caring for oneself.

During this audit, the designee for the agency head, the SCDJJ's Chief of Staff, indicated that SCDJJ complies with this standard in all material ways, such as the Evaluation Center's attempt to identify youth with special needs as part of the evaluation/admission process,

2. Has a record of or is regarded as having a disability, even if wrongly classified, of such an impairment.

3. Does not have such impairment, but, because of myth, fear, stereotyping, etc., is regarded as having a disability.

SCDJJ Policy 336, Application of PREA Standards, Section I, Reasonable Accommodations, Subsection 1, also indicates SCDJJ will make reasonable accommodations when necessary to offer qualified juveniles with disabilities the opportunity to participate in and enjoy the benefits of the program, services, or activity.

According to SCDJJ Policy 905 Youth with Disabilities, the South Carolina Department of Juvenile Justice's School District does not discriminate in any programs or activities based on race, color, national origin, sex, disability, or age. Specific offices are designated to handle inquiries regarding the school district's nondiscrimination policies: Title IX - Inspector General's Office - 220 Executive Center Drive, Winthrop Building, Columbia, SC 29210 - Ph: 803-896-9595; 504 Special Education Office, 220 Executive Center Drive, Winthrop Building, Columbia, SC 29210-5416 - Ph: 803-896-8484.

Contracts with interpreters or other professionals hired to ensure effective communication and a sample of written material used to communicate with youth who have disabilities effectively are forthcoming.

The Auditor interviewed a select group of targeted youth. The targeted select group included six youth identified as having physical disabilities, four youth identified with cognitive challenges, and one youth with a history of victimization. Zero LEP youth were assigned to the facility during the days designated for the on-site portion of this audit. During interviews with specialized staff (medical and mental health practitioners), this Auditor inquired about youth with disabilities defined as limited English proficiency, and the practitioners identified none. Moreover, this Auditor formally interviewed intake staff, who indicated zero youth with limited English proficiency were currently assigned to the facility. Interpretive services were not tested onsite.

115.316 (b): The agency shall take reasonable steps to ensure meaningful access to all aspects of its efforts to prevent, detect, and respond to sexual abuse and sexual harassment for limited English proficient residents. This includes providing interpreters who can interpret effectively, accurately, impartially, receptively, and expressively, using any necessary specialized vocabulary.

SCDJJ Policy 336, Application of PREA Standards, A. Prevention Planning, Subsection 11, page 3, states consistent with SCDJJ Policy 513 Supervision of Youth in Secure Facilities, Policy 905 Youth with Disabilities, SCDJJ makes available an Americans with Disabilities Act (ADA) Coordinator who shall take appropriate steps to ensure youth with disabilities and those who have limited English proficient, have an equal opportunity to participate in or benefit from all aspects of the agency's PREA efforts.

SCDJJ Policy 905, Youth with Disabilities, Policy, Section A, page 1, indicates that the South Carolina Department of Juvenile Justice (SCDJJ), in the delivery of its programs and services, will provide reasonable accommodations to juveniles in SCDJJ residential facilities that are identified as being disabled. SCDJJ will not discriminate against any youth based on disability or any other reason. All youth identified as having a disability will have reasonable accommodations developed and implemented for them. No youth with a disability that otherwise qualifies for participation will be excluded from participation in programs, services, and activities offered by SCDJJ. This Auditor examined written materials such as pamphlets and posters in English and Spanish that were used for effective communication about PREA with youth with limited English proficiency. The facility identified zero LEP youth.

During the on-site portion of this audit, a specific group of youth was interviewed. This group consisted of six youths with physical disabilities, four with cognitive challenges, and one with a history of victimization. No youths with limited English proficiency (LEP) were present at the facility during the audit. The auditor asked medical and mental health staff about LEP youth, and they confirmed none. Intake staff also verified that no youth with LEP were currently assigned to the facility. The targeted group of youth reported that they received education related to the Prison Rape Elimination Act (PREA) in a language and at a reading level they could understand during their intake process. Additionally, all selected youth confirmed their participation in the intake process, including PREA education and medical and mental health interviews with clinical practitioners.

During interviews, SCDJJ affirms the establishment of policies and procedures to provide disabled residents 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; there was no evidence of a written contractual agreement detailing the scope of work between the interpretive service and SCDJJ. SCDJJ did, however, provide an email from the Public Information Manager, dated January 10, 2022, explaining that translation and interpretive services were secured through Global Interpreting Network, Inc. Further, SCDJJ indicated that all services provided by Global Interpreting Network, Inc., conforms to the highest standards of ethics, privacy, and confidentiality, including strict compliance with HIPAA and Gramm-Leach Bliley Act rules.

115.316 (c): The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the

resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

In PAQ 115.316 (c)-1, the SCDJJ prohibits the use of 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.

SCDJJ Policy 336, Application of PREA Standards, A. Prevention Planning, Subsection 12, page 3, states SCDJJ will not rely on youth interpreters, youth readers, or any other type of youth assistants in obtaining information regarding investigations that may compromise the safety of the youth. [PREA Standard §115.316].

Interviews with a select group of random staff (11) confirmed that SCDJJ prohibits the use of 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.

In PAQ 115.316 (c)-2, SCDJJ affirms that the agency would document the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In PAQ 115.316 (c)-3, SCDJJ indicates zero as the number of instances where youth interpreters, readers, or other types of youth assistants have been used. It was not the case that an extended delay in obtaining another interpreter could compromise the youth's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations in the past 12 months.

Evidence relied upon:

1. PAQ
2. SCDJJ Policy 905, Youth with Disabilities (effective 09/26/2019)
3. SCDJJ Policy 336, Application of the PREA Standards (effective 05/06/2021)
4. SCDJJ Policy 513, Supervision of Youth in Secure Facilities
5. Memo regarding Interpretive services with Global Interpreting Network, Inc. (effective 01/10/2022)
6. Interview with Intake Staff (1)
7. Interview with random staff (11)
8. Interview with the Agency Head (designee) and Chief of Staff
9. Written material used for effective communication

Corrective Action:

1. 115.316 (a)-1 The agency has established procedures to provide disabled

	<p>residents 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.115.316 (b): The agency shall take reasonable steps to ensure meaningful access to all its efforts to prevent, detect, and respond to sexual abuse and sexual harassment for limited English proficient residents. This includes providing interpreters who can interpret effectively, accurately, impartially, receptively, and expressively, using any necessary specialized vocabulary. Problematic, while SCDJJ affirms the establishment of policies and procedures to provide disabled residents 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, absent was evidence of a written contractual agreement detailing the scope of work between the interpretive service and SCDJJ. SCDJJ will submit evidence of written material used for effective communication, and this substandard requires corrective action.</p> <ol style="list-style-type: none"> 2. 115.316 (b): The agency shall take reasonable steps to ensure meaningful access to all its efforts to prevent, detect, and respond to sexual abuse and sexual harassment for limited English-proficient residents. This includes providing interpreters who can interpret effectively, accurately, impartially, receptively, and expressively, using any necessary specialized vocabulary. While SCDJJ affirms the establishment of policies and procedures to provide disabled residents 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, there was no evidence of a written contractual agreement detailing the scope of work between the interpretive service and SCDJJ. SCDJJ will provide proof of the contractual agreement, which provides interpretive services to youth with disabilities in SCDJJ. 3. SCDJJ provided a sample of written materials to communicate PREA effectively to residents with disabilities. 4. Update SCDJJ provided a select sample of documentation of staff training on PREA-compliant practices for residents with disabilities. <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor’s analysis and reasoning, and the auditor’s conclusions.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.317 (a): The agency shall not hire or promote anyone who may have contact

with residents and shall not enlist the services of any contractor who may have contact with residents who (1) Have 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); (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 paragraph (a)(2) of this section.

In PAQ, 115.317 (a)-1, SCDJJ affirms having a policy that prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents, who:

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

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section I, Prevention Plan, Subsection 9. Protocols, page 17, directs facilities to screen employment applicants and promotional candidates as part of the SCDJJ's efforts to prevent incidents of sexual abuse.

SCDJJ Policy 230 Employee Recruitment and Selection, Section J. Criminal History, Child Abuse and Neglect Registry, and Driver's License Checks and Drug Testing, Subsection 1a, page 11, SCDJJ Policy 336 Application of the PREA Standards, Section A, Prevention Planning, Subsection 13. page 3.

SCDJJ Policy 230 Employee Recruitment and Selection, Section J. Criminal History, Child Abuse and Neglect Registry, and Driver's License Checks and Drug Testing, Subsection 1a, page 11 indicates that OHR will ensure that criminal history, child abuse and neglect registry, driver's license checks, and drug testing are conducted for each prospective new hire. The criminal history, child abuse, and neglect registry check, and driver's license checks must be undertaken and documented before an offer of employment to an applicant. The drug testing must be conducted within 48 hours of the candidate's notification to report for drug testing.

(1). Safety and Law Enforcement Services will conduct the criminal history and driver's license checks.

(a). The OHR will forward the request for the criminal history and driver's license checks to the Safety and Law Enforcement Services, which will complete the checks, document the results in written summaries, and forward them to the OHR. The OHR will forward a copy to the hiring manager for inclusion in the hiring packet. SCDJJ Public Safety will maintain a photocopy at their site for three (3) years and forward it to the SCDJJ Central Warehouse.

SCDJJ will submit a sample of staff criminal histories for review by the Auditor. SCDJJ will submit files of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks and questions regarding past conduct were asked and answered.

In PAQ 115.317 (b)-1, SCDJJ affirmed that the agency's policy requires considering any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents or to enlist the services of any contractor.

SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section I, Prevention Plan, Subsection 9. Protocols, page 17, directs facilities to screen employment applicants and promotional candidates as part of the SCDJJ's efforts to prevent incidents of sexual abuse.

Administrative (Human Resources) Staff confirmed during an interview that SCDJJ considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents or to enlist the services of any contractor.

115.317 (c): Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) 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.

PAQ 115.317 (c)-1, SCDJJ affirmed that the agency has a policy that requires before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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.

Criminal Background Check (Form 230C)

SCDJJ Policy 336 Application of the PREA Standards, Section A, Prevention Planning, Subsection 13. (effective 05/21/2021) page 3, directs SCDJJ facilities to conduct criminal background records checks before hiring or promoting any new hires or employees and will not hire or promote anyone who has engaged in sexual abuse of any kind. Individuals who have been accused of sexual harassment will be considered on a case-by-case basis. SCDJJ shall conduct criminal background records checks at least every five years for current employees and contractors who may have contact with residents or have a system for otherwise capturing such information for current employees. [PREA Standard(s) §115.317(a) and (e)].

SCDJJ Policy 233 Employee Recruitment and Selection Policy, Section E. Hiring

Packet, Criminal Background Check (Form 230C) (effective 07/17/23) page 6. indicates that OHR will complete a hiring packet and will send the packet through the Employment Center portal to the hiring manager. The hiring packet includes a Criminal Background Check (Form 230C).

This Auditor will examine the roster of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks have been conducted. On 08/19/2020, SCDJJ provided documents to address this substandard.

During the audit process, the Administrative (Human Resources) Staff confirmed that SCDJJ considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents or to enlist the services of any contractor. This Auditor sampled a select group of employees and contractors (e.g., 2 promotions, 2 appointment changes, and 14 new employees) to ensure compliance with this standard. Employment files of select personnel hired in the past 12 months were examined to determine if the agency has completed background checks consistent with 115.317(c).

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

PAQ 115.317 (d)-1, SCDJJ confirmed that the agency requires that a criminal background records check be completed and that applicable child abuse registries be consulted before enlisting the services of any contractor who may have contact with residents.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section I, Prevention Plan, Subsection 9. Protocols, page 17.

SCDJJ Policy 230 Employee Recruitment and Selection, Section J. Criminal History, Child Abuse and Neglect Registry, and Drive's License Checks and Drug Testing, Subsection 1a, page 11.

SCDJJ Policy 336 Application of the PREA Standards, Section A, Prevention Planning, Subsection 13. page 3.

SCDJJ Policy 336 Application of the PREA Standards, Section A, Prevention Planning, Subsection 13, (effective 05/06/2021) page 3, directs SCDJJ facilities to conduct criminal background records checks before hiring or promoting any new hires or employees and will not hire or promote anyone who has engaged in sexual abuse of any kind. Individuals who have been accused of sexual harassment will be considered on a case-by-case basis. SCDJJ shall conduct criminal background records checks at least every five years for current employees and contractors who may have contact with residents or have a system for otherwise capturing such information for current employees. [PREA Standard(s) §115.317(a) and (e)].

SCDJJ Policy 230, Employee Recruitment and Selection, Section J. Criminal History, Child Abuse and Neglect Registry, and Drive's License Checks and Drug Testing,

Subsection 1a, page 11 indicates that OHR will ensure that criminal history, child abuse and neglect registry, driver's license checks, and drug testing are conducted for each prospective new hire. The criminal history, child abuse, and neglect registry check, and driver's license checks must be undertaken and documented before an offer of employment to an applicant. The drug testing must be conducted within 48 hours of the candidate's notification to report for drug testing.

PAQ 115.317 (d)-2, SCDJJ indicates that in the past 12 months, zero contracts for services involved criminal background record checks on all staff covered in the contract who might have contact with residents. In the past 12 months, SCDJJ has had zero new contract employees. The number of contracts in the past 12 months for services with contractors who may have contact with residents indicated three. This PAQ requires clarification.

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

In PAQ 115.317 (e)-1, SCDJJ confirms that the agency policy requires that current employees and contractors who may have contact with residents undergo criminal background records checks at least every five years or that a system is in place for otherwise capturing such information for current employees.

SCDJJ Policy 336 Application of the PREA Standards, Section A, Prevention Planning, Subsection 13, (effective 05/06/2021) page 3.

SCDJJ Policy 336 Application of the PREA Standards, Section A, Prevention Planning, Subsection 13, (effective 05/06/2021) page 3, directs SCDJJ facilities to conduct criminal background records checks before hiring or promoting any new hires or employees and will not hire or promote anyone who has engaged in sexual abuse of any kind. Individuals who have been accused of sexual harassment will be considered on a case-by-case basis. SCDJJ shall conduct criminal background records checks at least every five years for current employees and contractors who may have contact with residents or have a system for otherwise capturing such information for current employees. [PREA Standard(s) §115.317(a) and (e)].

During this audit, an administrative (Human Resources) staff representative was asked what system the facility/agency currently has to conduct criminal record background checks of current employees and contractors who may have contact with residents. Are these background checks performed at least once every five years? The staff responded that criminal background checks are conducted during employee onboarding before promotions and at least every five years. The Auditor examined documentation of background record checks (15) for current employees and contractors at five-year intervals when applicable.

115.317 (f): The agency shall also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph

(a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose a continuing affirmative duty to disclose such misconduct upon employees.

During the audit process, administrative (Human Resources) staff confirmed that SCDJJ asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose a continuing affirmative duty to disclose such misconduct upon employees.

By examination of the employee documents (15), this Auditor determined that SCDJJ all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose a continuing affirmative duty to disclose such misconduct upon employees.

115.317 (g): Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.

During the audit process, the Administrative (Human Resources) Staff confirmed that SCDJJ any material omissions regarding such misconduct or the provision of materially false information should be grounds for termination.

In PAQ 115.317 (g)-1, SCDJJ confirmed that the agency has a policy that states that material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.

SCDJJ Policy 230, Employee Recruitment and Selection, Section 2, SCDJJ Eligibility Requirements/SC Criminal Justice Academy Requirements, Subsection C5, (effective 07/17/2023) page 14.

SCDJJ Policy 230, Employee Recruitment and Selection, Section 2, SCDJJ Eligibility Requirements/SC Criminal Justice Academy Requirements, Subsection C5, page 14, indicates that evidence satisfactory to the director that the candidate has signed an attestation form committing to the practice of ethical policing, which means the discharge of responsibilities, stemming from employment as a law enforcement officer, which is devoid of misconduct and which is carried out in conformance with this chapter, including the duty to safeguard life and the duty to intervene.

SCDJJ Policy 230, Employee Recruitment and Selection, Section 6, Relief From Duty, Subsection B, (effective 07/17/2023) page 14, also indicates that if employee misconduct results in dismissal, the following information shall be provided to the employee:

- 1) A statement citing the reason for the dismissal;
- 2) Effective date of the dismissal;
- 3) A statement of the status of fringe benefits and retirement benefits after dismissal; and
- 4) A statement as to the content of the employee's employment record relating to the dismissal.

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

According to the Administrative (Human Resources), unless prohibited by law, SCDJJ shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Evidence relied upon:

1. PAQ
2. SCDJJ Policy 230, Employee Recruitment and Selection (effective 07/17/2023).
3. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth (effective 05/06/2021)
4. SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021).
5. Examination of files of persons hired or promoted to determine proper criminal background checks (15)
6. Interview with Administrative (HR) staff representative
7. Examine the files of personnel hired in the past 12 months to determine whether the agency has completed checks consistent with 115.317(c).
8. Examination of a select sample of contract staff background records checks of current employees and contractors at five-year intervals when applicable.

Corrective Action:

1. 115.317 (c): Before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) 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. This Auditor will examine the roster of persons hired or promoted in the past 12 months to determine whether proper criminal record background checks have been conducted.

	<p>2. 115.317 (d): The agency shall also perform a criminal background records check and consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents. In PAQ 115.317 (d)-2, SCDJJ indicates that in the past 12 months, zero contracts for services involved criminal background record checks on all staff covered in the contract who might have contact with residents. This PAQ requires clarification. In the past 12 months, SCDJJ has employed three new contract employees.</p> <p>3. Submit verification of a select group of criminal background checks for contract staff from the past 12 months.</p> <p>Conclusion:</p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.318 (a): When designing or acquiring any new facility and planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification on its ability to protect residents from sexual abuse.</p> <p>PAQ 115.318 (a)-1, SCDJJ confirms that the facility has not acquired a new facility or substantially expanded or modified existing facilities since August 20, 2012, or since the last PREA audit, whichever is later answered no.</p> <p>The Facility Administrator stated that the JDC/Midland facilities have not acquired a new facility or substantially expanded or modified existing facilities. The JDC Facility Administrator confirmed that SCDJJ would consider the impact of the facility design, acquisition, expansion, or modification on its ability to protect residents from sexual</p>

	<p>abuse.</p> <p>During an interview with the Agency Head (designee) Chief of Staff for this audit, it was confirmed that SCDJJ would, when designing or acquiring any new facility and planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification on its ability to protect residents from sexual abuse.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. Pre-audit questionnaire 2. Interview with the Agency Head (designee) and Chief of Staff 3. Interview with the Facility Administrator <p>Conclusion:</p> <p>Based on the evidence relied upon in making the compliance determination for this standard, the Auditor's analysis and reasoning, and the Auditor's conclusions, this standard is determined to be compliant. This standard complies with all material requirements for the relevant period.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.321 (a): To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>PAQ 115.321 (a)-1 indicates that SCDJJ is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Yes.</p> <p>115.321 (a)-2 The agency/facility is responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Yes.</p> <p>115.321 (a)-3 If another agency has responsibility for conducting either administrative or criminal sexual abuse investigations, the name of the agency that has responsibility (if another agency has responsibility for conducting both administrative and criminal sexual abuse investigations. SCDJJ indicated in the comments "SLED," South Carolina Law Enforcement Division.</p>

SCDJJ Policy 328 Investigations, Definitions, page 1, indicates SCDJJ is responsible for administrative investigations alleging policy violations assigned to a trained employee of SCDJJ's Safety and Law Enforcement Services. The South Carolina Law Enforcement Division (SLED) investigates serious incidents, as agreed upon following the Memorandum of Agreement (MOA) with SLED. Further, Policy 328 Investigation, Section D, Investigation Assignment, Subsection 3, allegations with potential criminal violations will be assigned to the Criminal Investigations Section for criminal investigation. All others shall be handled by internal integrity administrative investigators, which conflicts with the MOU (MOU, Section 5, Scope) with SLED, which indicates that SCDJJ will notify SLED so that a decision can be made as to which agency will be the primary investigative authority over criminal matters at its sole discretion. This substandard requires clarification and possibly corrective action. I did not see this language in the policy. The agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The agency being audited publishes that policy on its website.

115.321 (a)-4 When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol. Yes.

Upon examination, SCDJJ has a uniform evidence protocol for conducting sexual abuse investigations. Interviews with 11 random staff confirm that the agency/JDC has a consistent evidence protocol and that they have received training on it and there is sufficient technical detail to aid responders in obtaining usable physical evidence. See Form 321 B Protocol for Physical Sexual Assault.

115.321 (b): The protocol shall be developmentally appropriate for youth and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

115.321 (b)-1 The protocol is developmentally appropriate for youth. Yes.

115.321 (b)-2 The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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. Yes.

By examination of the uniform evidence protocol for evidence, the Auditor determined that the protocol is developmentally appropriate for youth, where applicable, and, as appropriate, adapted from or otherwise based on the DOJ's publication. The protocol procedure requires staff to:

- Safeguard the victim.
- Separating the victim from the perpetrator

- Have the victim and the perpetrator refrain from destroying potential evidence (e.g., no bathing, eating, or drinking)
- Notify the on-call clinical practitioner
- If necessary, transport the victim to a local hospital for forensic care
- Notify the youth guardian of record
- Development of a Safety Plan for the victim/perpetrator

115.321 (c): The agency shall offer all residents who experienced sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

115.321 (c)-1 The facility offers all residents who experience sexual abuse access to forensic medical examinations. Yes.

115.321 (c)-2 The facility offers all residents who experience sexual abuse access to forensic medical examinations onsite. No forensic medical examinations are conducted in the community.

115.321 (c)-3 The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility. Yes.

115.321 (c)-4 Forensic medical examinations are offered without financial cost to the victim. Yes.

115.321 (c)-5 Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to Alleged Sexual Violent Act in SCDJJ Facility, subsection e., (effective 05/06/2021) page 11 states services will be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with the investigation.

115.321 (c)-6 When SANEs or SAFEs are unavailable, a qualified medical practitioner performs forensic medical examinations. Yes.

115.321 (c)-7 The facility documents efforts to provide SANEs or SAFEs. Yes.

115.321 (c)-8 The number of forensic medical exams conducted during the past 12 months: 0.

115.321 (c)-9 The number of exams performed by SANEs/SAFEs during the past 12 months: 0.

115.321 (c)-10 The number of exams performed by a qualified medical practitioner

during the past 12 months: 20.

The "20" is a reporting error. SCDJJ medical practitioners do not perform forensic examinations for victims of sexual abuse. Documentation to corroborate that all victims of sexual abuse have access to forensic medical examinations. See SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H., Response to Alleged Sexual Violent Act in SCDJJ Facility.

Columbia area institutions will send juveniles to Palmetto Health Richland, 5 Medical Park Drive, Columbia S.C. 29203

Upstate Evaluation Center will send juveniles to Spartanburg Regional Medical Center, 101 E. Wood Street, Spartanburg, S.C. 29303

Coastal Evaluation Center will send juveniles to the Medical University of South Carolina (MUSC), 96 Jonathan Lucas Street, Charleston, S.C. 29425

115.321 (d): The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available to provide these services a qualified staff member from a community-based organization or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

115.321 (d)-1 The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. Yes.

115.321 (d)-2 These efforts are documented. Yes.

SCDJJ has attempted to secure a written agreement with Pathway to Healing, previously called STS Midlands, by examination. For additional information, see the email communication.

115.321 (d)-3 If and when a rape crisis center is not available to provide victim advocate services, the facility offers a qualified staff member from a community-based organization or a qualified agency staff member. Yes.

During an interview with a licensed clinical mental health practitioner, the practitioner affirmed that South Carolina mandates that practicing mental health practitioners be licensed.

During an interview with the PREA Compliance Manager, the Auditor asked in what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center? The PCM responded by telephone or correspondence. Qualification at

a rape crisis center for a victim advocate service is determined by state law and the organization.

Upon examination, the Auditor found that when a youth reported sexual abuse, SCDJJ ensured the victim's safety by prohibiting contact with the perpetrator. They referred the victim to a mental health practitioner and supplied additional resources. The Auditor noted that every time a youth reported sexual abuse, SCDJJ created a safety plan to protect the victim. This plan involved a multidisciplinary team, including correctional managers, investigators, and medical and mental health practitioners.

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

PAQ 115.321 (e)-1 SCDJJ confirmed that if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

SCDJJ Form 321B Protocol for Alleged Sexual Assault involving Penetration, Procedures, page 1 indicates that all youth that are alleged victims of sexual assault involving penetration will be transported to a local hospital for a forensic examination unless the reporting timeframe has been exceeded (see items d. and e. below)

Columbia area institutions will send youth to Palmetto Health Richland, 5 Medical Park Drive, Columbia S.C. 29203

Upstate Evaluation Center will send youth to Spartanburg Regional Medical Center, 101 E. Wood Street, Spartanburg, S.C. 29303

Coastal Evaluation Center will send youth to the Medical University of South Carolina (MUSC), 96 Jonathan Lucas Street, Charleston, S.C. 29425

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

115.321 (f)-1 If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. JDC answered yes.

SCDJJ Memorandum of Understanding Between the South Carolina Law Enforcement Division(SLED) and the South Carolina Department of Juvenile Justice (SCDJJ),

Section 5, Scope, Subsection 5.1, this MOU delineates the investigations that SLED will be the primary investigative agency, the investigations that SCDJJ will be the primary agency and the events that SCDJJ shall notify SLED so that a decision can be made as to which agency will be the primary investigative agency. However, nothing in this MOU prevents SLED from asserting primary investigative authority over any criminal matter at its sole discretion.

115.321 (f)-1 should not be applicable based on the language in the MOU; the agency is responsible for administrative and criminal investigations

SCDJJ Memorandum of Understanding Between the South Carolina Law Enforcement Division(SLED) and the South Carolina Department of Juvenile Justice (SCDJJ), Section 5, Scope, Subsection 5.2, page 2, SLED will be the primary investigative agency on any case specifically requested by the Director of SCDJJ or the SCDJJ Inspector General.

SCDJJ Memorandum of Understanding Between the South Carolina Law Enforcement Division(SLED) and the South Carolina Department of Juvenile Justice (SCDJJ), Section 5, Scope, Subsection 5.3, SCDJJ shall notify SLED of any allegation involving the following offenses occurring at SCDJJ facilities so that a decision can be made as to which agency will be the primary investigative agency for:

Criminal Sexual Conduct in the Second Degree
Criminal Sexual Conduct in the Third Degree
Criminal Sexual Conduct with a Minor
Sexual Misconduct with an inmate, patient, or offender

115.321 (g): The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile facilities.

The Auditor is not required to audit this provision.

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

Evidence relied upon:

1. Pre-audit questionnaire
2. Interview random staff
3. Interview with a medical practitioner
4. Interview with a mental health practitioner
5. Supporting documents, interviews and observations
6. Investigation Packages (Event Reports)
7. Pathway to healing previously STS Midlands (STSM): MOU attempt between

	<p>the SC Department of Corrections and SCDJJ</p> <ol style="list-style-type: none"> 8. MOU with Rape Crisis Center – Emails of Attempts 9. Review of Youth Grievances 10. SCDJJ Medical/Mental Health Screenings 11. Youth Safety Plans Medical Referrals 12. Mental Health Referrals Protocol for Alleged Sexual Assault Involving Penetration 13. Health Services PREA (Contract) Training 14. Health Services PREA Employee’s signed Training Rosters 15. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth (effective 05/06/2021) 16. SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021) 17. SCDJJ Policy 911 Clinical Crisis Intervention 18. SCDJJ Policy 328 Investigations <p>Conclusion:</p> <p>The Auditor’s analysis and reasoning is that this standard meets compliance.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.322 (a): The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>PAQ 115.322 (a)-1 SCDJJ indicates that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Yes.</p> <p>SCDJJ Policy 328 Investigations (effective 01/15/2024), pages 1-12, is a select policy and procedure that governs investigations of allegations of sexual abuse and sexual harassment.</p> <p>During an interview with the Captain/Internal Integrity Administrator Safety and Law Enforcement Services, they confirmed that SCDJJ ensures that an administrative or criminal investigation is completed on all allegations of sexual abuse and sexual harassment.</p> <p>PAQ 115.322 (a)-2 SCDJJ indicates in the past 12 months, the number of allegations of sexual abuse and sexual harassment received was 20.</p> <p>The SCDJJ/JDC Audit Allegations log shows that in the past 12 months, SCDJJ/JDC initiated 20 sexual abuse or sexual harassment investigations. Still, only two</p>

investigations were completed during the same period. From June 2023 to April 2024, SCDJJ completed one incident of youth-on-youth sexual abuse (unsubstantiated) and one youth-on-youth sexual abuse investigation (unfounded). Problematic, ninety percent of the allegations of sexual abuse or sexual harassment reported between June 2023 and April 2024 are still pending investigations. This requires corrective action to meet the necessary standards.

PAQ 115.322 (a)-3 SCDJJ indicates that in the past 12 months, the number of allegations resulting in an administrative investigation was 20.

Problematic: Ninety percent of administrative allegations reported and initiated between June 2023 and April 2024 from sexual abuse or sexual harassment are incomplete. This substandard requires corrective action.

PAQ 115.322 (a)-4 SCDJJ indicates zero allegations were referred for criminal investigation in the past 12 months. 0.

PAQ 115.322 (a)-5 SCDJJ indicates that, as it pertains to allegations received during the past 12 months, all administrative and/or criminal investigations were completed. No.

SCDJJ answered no. Moreover, as indicated in Standard 115.322 (a) -2, problematic, ninety percent of allegations reported between June 2023 and April 2024 regarding sexual abuse or sexual harassment are incomplete. This substandard requires corrective action.

During this audit, the Auditor interviewed the Chief of Staff/Agency Head (designee). The Auditor inquired whether the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or harassment. The Chief of Staff affirmed that the agency completes all investigations for both administrative and criminal allegations of sexual abuse. Each report or allegation of sexual abuse or harassment is reviewed by an investigator and documented. Administrative investigations are assigned to the Captain/Internal Integrity Administrator Safety and Law Enforcement Services SCDJJ. In contrast, the criminal investigations section, a trained team of investigators within the SCDJJ Captain/Internal Integrity Administrator Safety and Law Enforcement Services, manages investigations related to acts that violate state law.

SCDJJ Policy 328 Investigations, Section Definitions, Other Investigative Agencies (effective 01/15/2024), page 2, states that any agency authorized by the city, county, state, or federal government or mandated by court order to investigate allegations of wrongdoing, such as the South Carolina Law Enforcement Division (SLED). The Inspector General will report serious incidents to SLED for investigation, as agreed upon following the Memorandum of Agreement (MOA) with SLED.

While conducting the audit, the Auditor interviewed the second-in-command of the Safety and Law Enforcement Services at SCDJJ, Captain/Internal Integrity Administrator. The Captain/Internal Integrity Administrator indicated that a change in

the organizational structure took place, and a change in leadership and assignments and re-assignment of investigations caused the division to fall behind. As a solution, the division has restructured its investigations, and all investigators will now focus on PREA investigations. This reorganization is expected to streamline the investigative process.

115.322 (b): The agency shall have a policy to ensure that allegations of sexual abuse and/or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The agency shall publish such policy on its website or make it available through other means if it does not have one. The agency shall document all such referrals.

PAQ115.322 (b)-1 SCDJJ The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its investigations unless the allegation does not involve potentially criminal behavior. Yes.

SCDJJ Policy 328 Investigations (effective 01/15/2024), pages 1-12, indicates that it is the policy of SCDJJ to implement a comprehensive, prompt, and fair investigatory process when alleged violations of criminal law or SCDJJ policies and procedures occur. Safety and Law Enforcement Services will receive complaints, allegations, and grievances through verbal and written reports from employees, youth, volunteers, and third parties. Each report will be reviewed and, when appropriate, classified as an administrative and criminal investigation, thoroughly investigated, and documented. Statistical information will be maintained for review and reference.

During an interview with the Agency Head (designee) Chief of Staff, the Chief of Staff confirmed that the agency has a policy that requires allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its investigations unless the allegation does not involve potentially criminal behavior.

PAQ 115.322 (b)-2 SCDJJ, the agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means answered, "yes."

Through examination, the Auditor found that SCDJJ has a Memorandum of Understanding (MOU) with SLED to conduct specific types of investigations. Refer to Policy 328 Investigations and the SLED-SCDJJ MOU, Section 5, Scope, page 2, dated 08/26/2021. Additionally, by reviewing the SCDJJ website, the Auditor verified that the SCDJJ Policy 328 Investigations is available (www.djj.sc.gov).

During this audit, investigation staff were interviewed. When asked whether agency policy mandates that allegations of sexual abuse or harassment be referred to an agency with legal authority for criminal investigations—unless the allegation doesn't

involve potentially criminal behavior—the investigator confirmed, "Yes."

PAQ 115.322 (b)-3 SCDJJ, the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation, "yes."

Upon reviewing the Audit Allegations report for the JDC 2024 log, the Auditor found that SCDJJ documents all referrals of allegations of sexual abuse and/or sexual harassment for criminal investigations. The Auditor identified one investigative referral (staff on youth inappropriate behavior) to SLED for investigation from the log. According to the Captain/Internal Integrity Administrator Safety and Law Enforcement Services, the agency documents all referrals to outside law enforcement.

PAQ 115.322 (c) SCDJJ indicates that if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

SCDJJ Policy 328 Investigations outlines the responsibility of SLEDs when conducting criminal investigations. SCDJJ Policy 328 Investigations, Section, Definitions, Subsection 9., Other Investigative Agencies, page 1, indicates that other investigative agencies are defined as any agency authorized by city, county, state, or federal government or mandated by court order to investigate allegations of wrongdoing, such as the South Carolina Law Enforcement Division (SLED). As agreed upon by the Memorandum of Agreement (MOA) with SLED, Serious incidents will be reported by the Inspector General to SLED for investigation.

SCDJJ Policy 328 Investigations, Section D, Investigation Assignment, Subsection 10, page 6, indicates that Allegations of child abuse must be reported via the ERS system. If the allegation is from a camp, the South Carolina Department of Social Services (DSS) Out of Home, Abuse and Neglect (OHAN) Division will be notified, and they, along with the local law enforcement agency, will be responsible for conducting the investigation. Allegations of institutional abuse and neglect that are alleged to have occurred in one of the five (5) secure SCDJJ facilities will be reported to SLED under S.C. Code Section 63-7-1220 and the SCDJJ/SLED MOU.

SCDJJ Policy 328 Investigations, Section E, Criminal Investigations, Subsection 4, page 6, indicates Unless another law enforcement agency has processed a crime scene, criminal investigators will process crime scenes for potential physical evidence, documentation, and photographs. Evidence collected requiring forensic analysis will be submitted to the SLED Crime Laboratory within 72 hours.

115.322 (d): Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations. A policy governing the conduct of such investigations.

The Auditor is not required to audit this provision.

115.322 (e): Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile facilities shall have in place a policy governing the conduct of such investigations.

The Auditor is not required to audit this provision.

Evidence relied upon:

1. Pre-audit questionnaire
2. Investigation Packages (Event Reports) #All investigation reports and results.
3. Pathway to Healing, previously known as Sexual Trauma Services of the Midlands (STSM): MOU between the SC Department of Corrections and SCDJJ
4. SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021)
5. SCDJJ Policy 328 Investigations (effective date 01/15/2024)
6. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021)
7. Interview the PREA Coordinator
8. Interview with random staff (11)
9. Interview with a medical practitioner (1)
10. Interview with a mental health practitioner (1)
11. Interview with Captain/Internal Integrity Administrator Safety and Law Enforcement Services (1)
12. Interview with the Agency Head (designee) Chief of Staff

Corrective Action:

PAQ 115.322 (a)-5 SCDJJ/JDC indicates that all administrative and criminal investigations regarding allegations received during the past 12 months were completed.

PAQ 115.322 (a)-5 SCDJJ indicates that, as it pertains to allegations of sexual abuse and sexual harassment received during the past 12 months, all administrative and/or criminal investigations were completed. SCDJJ answered no. Moreover, as indicated in Standard 115.322 (a) -2, problematic, ninety percent of allegations reported between June 2023 and April 2024 regarding sexual abuse or sexual harassment are still pending a complete investigation. This substandard requires corrective action.

Conclusion:

The narrative above includes 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.

	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, SCDJJ Policy 336, Application of the PREA Standards, SCDJJ Policy 241, Staff Development and Training Requirements and Services address this standard.</p> <p>115.331 (a): The agency shall train all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) 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;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent.</p> <p>PAQ 115.331 (a)-1 affirms that SCDJJ trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment. Yes.</p> <p>SCDJJ Policy 241, Staff Development and Training Requirements and Services, Section 4, In-service Training, Subsections a and b, page 5, indicates that all SCDJJ employees are required to receive in-service training to increase their knowledge, skills, and abilities related to their job duties and responsibilities and to promote professional growth and development.</p> <p>SCDJJ Policy 336, Application of the PREA Standards, Section C, Training and Education, (effective 05/06/2021), pages 4-5.</p> <p>SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section L., Prevention Plan (effective 05/06/2021), pages 16-17.</p> <p>SCDJJ Office of Professional Standards, Staff Development and Training, Training Lesson Plan, PREA and the Implications, (effective 02/20/19) pages 1-17.</p> <p>115.331 (a)-2 The agency trains 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.</p>
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SCDJJ Policy 241, Staff Development and Training Requirements and Services, Section 4, In-service Training, Subsections a and b, page 5, indicates that all SCDJJ employees are required to receive in-service training to increase their knowledge, skills, and abilities related to their job duties and responsibilities and to promote professional growth and development.

SCDJJ Policy 336, Application of the PREA Standards, Section C, Training and Education, (effective 05/06/2021), pages 4-5.

SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section L., Prevention Plan (effective 05/06/2021), pages 16-17.

SCDJJ Office of Professional Standards, Staff Development and Training, Training Lesson Plan, PREA and the Implications, (effective 02/20/19) pages 1-17.

115.331 (a)-3 The agency trains all employees who may have contact with residents on the right of residents to be free from sexual abuse and sexual harassment. Yes.

See 115.331 (a)-1.

By examining a select sample of employee training records and reviewing the training curriculum and associated policies and procedures, this Auditor confirms that SCDJJ trains all employees who may interact with residents on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment.

Training

1. All employees, youth, contractors, interns, and volunteers, including contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Youth, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of youth, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees with refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employee's file. [PREA Standard(s) §115.331, §115.332, §115.333].

2. Consistent with SCDJJ Policy 321, each SCDJJ facility will ensure that all youth receive education on the Agency's zero-tolerance policy and their rights and responsibilities on how to be free from sexual abuse, sexual harassment, and retaliation for reporting. Such education will be provided to all youth within ten days of intake. Documentation of provided education will be placed in the youth's permanent file. [PREA Standard §115.333].

3. In addition to general training provided to all employees and training provided by the South Carolina Criminal Justice Academy, the Division of Investigative Services will ensure that its investigators who investigate allegations of sexual assault have specialized training as prescribed in PREA Standard §115.334. Such training will be renewed every two (2) years, and documentation will be placed in the employee's file [PREA Standard §115.331 (C)].

4. Consistent with PREA Standard §115.335, all medical and mental health (social workers, psychologists) personnel will receive specialized training on the identified items prescribed in Standard §115.335 (a) through (d). Such training will be renewed every two years, and documentation will be placed in the employee's file [PREA Standard §115.331 (C)].

SCDJJ Policy 241, Staff Development and Training Requirements and Services, Section 4, In-service Training, Subsections a and b, page 5, indicates that all SCDJJ employees are required to receive in-service training to increase their knowledge, skills, and abilities related to their job duties and responsibilities and to promote professional growth and development.

a. All SCDJJ employees are required to complete a minimum of 15 hours of job-related training annually per calendar year. As the training plan outlines, additional training may be required for specified positions. Inservice training hours can be obtained through approved internal or external training.

b. Awarding of in-service training hours is contingent upon meeting the required Staff Development and Training (SD&T) training approval guidelines as outlined in the Agency's training plan.

SCDJJ Policy 241, Staff Development and Training Requirements and Services, C. Types of Training, Subsection 1, Onboarding and New Employee Orientation (NEO), is a component of the Agency's onboarding process. It welcomes employees to the organization by introducing its mission, vision, values, and purpose. It also helps employees become more knowledgeable about the Agency's various departments and divisions. Critical policies, guidelines, and operating procedures are provided and covered.

a. SD&T will coordinate an onboarding and orientation program with the Office of Human Resources (OHR) for newly hired SCDJJ employees.

b. OHR conducts HR Processing twice a month for newly hired employees. HR Processing includes handling paperwork related to payroll, benefits, and other OHR-related information. NEO is offered once each month. Newly hired employees must attend all required components of NEO as scheduled. HR Processing and NEO are components of the Agency's onboarding process.

SCDJJ Policy 241, Staff Development and Training Requirements and Services, Section 5. Specialized and Occupational Training Employees (effective 09/19/2019), page 5 requires specialized training to follow applicable SCDJJ policies and their occupational licensure requirements and adhere to SCDJJ training attendance guidelines.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section C, Training Requirements, Subsection 1-2, pages 1-2 indicates that:

1. All staff will receive instruction related to the statutory law and policy concerning

sexual violence, staff sexual harassment, and staff sexual misconduct and the prevention, detection, reporting, and investigation of such. Employees will receive this information as part of new employee orientation, consistent with SCDJJ employee training, and the department will place a course containing this information on its annual training calendar.

2. In addition to the general training provided to all employees, all certified investigators, criminal and administrative, will successfully complete training in conducting sexual abuse and sexual harassment investigations in confinement settings. This training will include all required criteria specified in the PREA Youth Facility Standards.

My examination this Auditor examined a select sample of the SCDJJ training curriculum, such as PREA Refresher - Bonus - Monitoring for Safety and Security, Helping Inmates Who Primarily Speak Another Language, Professional Communication and Boundaries, and Inmate Support Services.

Likewise, interviews with a select group of random staff (11) (100%) confirmed the completion of Basic PREA Education and at least yearly PREA-related in-service training. All random staff confirmed during separate interviews that training included :(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile facilities;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) 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;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent. Problematic evidence of full compliance with this substandard in the form of select staff training records is forthcoming. This standard requires corrective action.

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

115.331 (b)-1 Training is tailored to the unique needs, attributes, and gender of the residents at the facility. Yes.

SCDJJ Policy 905 Youth with Disabilities, Policy, Page 1, The South Carolina Department of Juvenile Justice (SCDJJ), in its programs and services, will provide

reasonable accommodations to youth in SCDJJ residential facilities identified as disabled. SCDJJ will not discriminate against any youth on the basis of disability or any other reason. All juveniles identified as having a disability will have reasonable accommodations developed and implemented for them. No youth with a disability that otherwise qualifies for participation will be excluded from participation in programs, services, and activities offered by SCDJJ.

SCDJJ Policy 336 Application of the PREA Standards, Section, Training and Education, Subsection 2, page 4, indicates consistent with SCDJJ Policy 321, each SCDJJ facility will ensure that all youth receive education on the Agency's zero-tolerance policy, their rights and responsibilities on how to be free from sexual abuse, sexual harassment, and retaliation for reporting. Such education will be provided to all youth within ten days of intake. Documentation of provided education will be placed in the youth's permanent file. [PREA Standard §115.333]. Interviews with a select group of random and targeted youth confirmed receipt of PREA-related training in a language and at a level they understood. Each youth provided the Auditor with at least one method to report sexual abuse and sexual harassment to a trusted individual, such as third-party reporting, telling a trusted staff, or filing a grievance.

115.331 (b)-2 Employees reassigned from facilities housing the opposite gender are given additional training. Yes.

See 115.331 (a). Examples of refresher training provided by SCDJJ include:

- SCDJJ PREA Refresher: Prison and Jails Monitoring for Safety and Security
- SCDJJ PREA Refresher: Prisons and Jails Youth Support Services
- SCDJJ PREA Refresher: Prisons and Jails Encouraging Youth to Report Sexual Abuse
- SCDJJ PREA Refresher: Prisons and Jails PREA Basics
- SCDJJ PREA Refresher: Prisons and Jails Handling Disclosures of Abuse
- SCDJJ PREA Refresher: Prisons and Jails Professional Communication and Boundaries
- SCDJJ PREA Refresher: Prisons and Jails Completing a PREA Incident Report
- SCDJJ PREA Refresher: Prisons and Jails First Responders Duties
- SCDJJ PREA Refresher: Prisons and Jails Duty to Report: Knowledge, Suspicion, or Information
- SCDJJ PREA Refresher: Prisons and Jails Helping Youth Who Primarily Speak Another Language
- SCDJJ PREA Refresher: Prisons and Jails Ways Youth Can Report
- SCDJJ PREA Refresher: Prisons and Jails Youth Privacy

During the facility tour, this Auditor observed grade-appropriate, colorful PREA-related posters in English and Spanish. All youth selected for interview confirmed that intake PREA-related education included written information, a PREA-related video, a verbal review of PREA policies and procedures, and a face-to-face meeting with medical and mental health practitioners.

115.331 (c): All current employees who have not received such training shall be

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

See 115.331 (a).

PAQ 115.331 (c)-2 SCDJJ indicates that between training, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment.

Examples of refresher training provided by SCDJJ include:

SCDJJ PREA Refresher: Prison and Jails Monitoring for Safety and Security

SCDJJ PREA Refresher: Prisons and Jails Youth Support Services

SCDJJ PREA Refresher: Prisons and Jails Encouraging Youth to Report Sexual Abuse

SCDJJ PREA Refresher: Prisons and Jails PREA Basics

SCDJJ PREA Refresher: Prisons and Jails Handling Disclosures of Abuse

SCDJJ PREA Refresher: Prisons and Jails Professional Communication and Boundaries

SCDJJ PREA Refresher: Prisons and Jails Completing a PREA Incident Report

SCDJJ PREA Refresher: Prisons and Jails First Responders Duties

SCDJJ PREA Refresher: Prisons and Jails Duty to Report: Knowledge, Suspicion, or Information

SCDJJ PREA Refresher: Prisons and Jails Helping Youth Who Primarily Speak Another Language

SCDJJ PREA Refresher: Prisons and Jails Ways Youth Can Report

SCDJJ PREA Refresher: Prisons and Jails Youth Privacy

This Auditor determined that SCDJJ provides employees who may have contact with youth with refresher information about current policies regarding sexual abuse and harassment. Sample training records are forthcoming. This substandard requires corrective action.

PAQ 115.331 (d): SCDJJ confirms that the agency documents, through employee signature or electronic verification, that employees understand the training they have received.

Documentation of employee signatures or electronic verification signifying comprehension of the training from a select group of random staff is forthcoming. This substandard requires corrective action.

Evidence relied upon:

1. Pre-audit questionnaire
2. Interview with random staff (11)
3. SCDJJ Policy 241, Staff Development and Training Requirements and Services, Section 4, In-service Training, Subsections a and b, page 5

	<ol style="list-style-type: none"> 4. SCDJJ Policy 336, Application of the PREA Standards, Section C, Training and Education, (effective 05/06/2021), pages 4-5. 5. SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section L., Prevention Plan (effective 05/06/2021), pages 16-17. 6. SCDJJ Policy 905 Youth with Disabilities, Policy, Page 1 7. SCDJJ Office of Professional Standards, Staff Development and Training, Training Lesson Plan, PREA and the Implications, (effective 02/20/19) pages 1-17. 8. SCDJJ PREA Refresher: Prison and Jails Monitoring for Safety and Security 9. SCDJJ PREA Refresher: Prisons and Jails Youth Support Services 10. SCDJJ PREA Refresher: Prisons and Jails Encouraging Youth to Report Sexual Abuse 11. SCDJJ PREA Refresher: Prisons and Jails PREA Basics 12. SCDJJ PREA Refresher: Prisons and Jails Handling Disclosures of Abuse 13. SCDJJ PREA Refresher: Prisons and Jails Professional Communication and Boundaries 14. SCDJJ PREA Refresher: Prisons and Jails Completing a PREA Incident Report 15. SCDJJ PREA Refresher: Prisons and Jails First Responders Duties 16. SCDJJ PREA Refresher: Prisons and Jails Duty to Report: Knowledge, Suspicion, or Information 17. SCDJJ PREA Refresher: Prisons and Jails Helping Youth Who Primarily Speak Another Language 18. SCDJJ PREA Refresher: Prisons and Jails Ways Youth Can Report 19. SCDJJ PREA Refresher: Prisons and Jails Youth Privacy 20. Examination of training records. <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. 115.331 (a) and (c): SCDJJ will submit documentation of employee training for a select group of employees. The Auditor will review the training documents to determine compliance with this standard. <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and conclusions.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.332 (a): The agency shall ensure that all volunteers and contractors who have

contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

115.332 (a)-1 All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Yes.

SCDJJ Policy 336 Application of PREA Standards, Section C., Training and Education (effective 05/06/2021) pages 4-5.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section C, Training Requirements, Subsection 4, page 2.

SCDJJ Volunteer Services Orientation, Department of Juvenile Justice, training curriculum slides 1-52.

SCDJJ has a policy, SCDJJ Policy 321: Prevention of Sexual Offenses toward Youth, Section C, Training Requirements, Subsection 4, page 2, which states that employees of independent contractors will receive information as part of the Contractor Conduct Agreement (Form 213A).

SCDJJ 321 Prevention of Sexual Offenses toward Youth, Section C, Training Requirements, Subsection 5, page 2, indicates that SCDJJ will provide training to private providers, and the private providers will ensure that refresher training courses are conducted for their staff.

This Auditor examined a select group of contractors' (2) training documents. The Auditor confirmed that contractors interacting with residents had been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

During this facility audit, the Auditor interviewed a select sample of contractors. Each contractor (2) confirmed receiving training from SCDJJ under this policy

This Auditor examined a select group of volunteers (2) training documents and confirmed volunteers 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.

115.332 (a)-2 The number of volunteers and contractors who have contact with residents who have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response was 27.

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

PAQ 115.332 (b)-1 The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents. Yes.

- A review of select volunteer/contractor training curriculum in PowerPoint presentation includes topics such as:
- Mission & Vision of South Carolina Department of Juvenile Justice
- Process of youth becoming justice-involved
- Ethics & Values & DEI Statement
- PREA & Boundaries
- Safety & Procedures and Volunteer Impact
- The agency's zero-tolerance policy regarding sexual abuse and sexual harassment
- How to report an incident of sexual abuse or sexual harassment.

PAQ 115.332 (b)-2 All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

115.332 (c): The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

PAQ 115.332 (c)-1 indicates the SCDJJ maintains documentation confirming that the volunteers and contractors understand the training they have received.

A review of a select group of volunteer and contractor training documents confirmed that volunteers and contractors understand the training they received. Further, interviews with (2) contractors and (2) volunteers verify their understanding of the training they received by SCDJJ.

A review of a selected group of volunteers (2) and contractor (2) training documents in the form of relevant signed acknowledgment confirmed that volunteers and contractors understand the training they received. Further, interviews with (2) contractors and (2) volunteers verify their understanding of the training they received by SCDJJ.

Evidence relied upon:

1. PAQ
2. SCDJJ Policy 336 Application of PREA Standards, Section C., Training and Education (effective 05/06/2021) pages 4-5.
3. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section C, Training Requirements, Subsection 4, page 2.
4. SCDJJ Volunteer Services Orientation, Department of Juvenile Justice, training curriculum slides 1-52.
5. Interview with contractors (2)
6. Interviews with volunteers (2)
7. Examination of proof of training

	<p>Conclusion:</p> <p>The narrative above includes 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.</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.333 (a): During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>115.333 (a)-1 Residents receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Yes.</p> <p>SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section D, Youth Education, Subsection 1-3, (effective 05/06/2021) page 2, establishes the Agency's zero tolerance for sexual abuse and sexual harassment of youth.</p> <p>SCDJJ Policy 336, Application of the PREA Standard, Section C. Training and Education, Subsection 1, (effective 05/06/2021) page 4, states all employees, youth, contractors, interns, and volunteers, including contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Youth, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of youth, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees with refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employee's file. [PREA Standard(s) §115.331, §115.332, §115.333].</p> <p>SCDJJ Policy 336, Application of the PREA Standard, Section C. Training and Education, Subsection 2, page 4, states consistent with SCDJJ Policy 321, each SCDJJ facility will ensure that all youth receive education on the Agency's zero-tolerance policy, their rights, and responsibilities on how to be free from sexual abuse, sexual harassment, and retaliation for reporting. Such education will be provided to all youth within ten days of intake. Documentation of provided education will be placed in the youth's permanent file. [PREA Standard §115.333].</p>

PAQ 115.333 (a)-2 SCDJJ confirmed that 1733 residents admitted in the past 12 months were given PREA-related education at intake. 1733.

PAQ115.333 (a)-3 SCDJJ confirmed that PREA-related information is provided in an age-appropriate fashion for youth. Yes.

During this audit, intake staff confirmed who is responsible for conducting the intake process and who is responsible for reading written information aloud to incoming youth, including those with disabilities such as visual impairments. They were asked if they provided youth with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. The intake staff responded affirmatively. Additionally, how do you ensure that current youth, as well as those transferred from other facilities, are educated on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? The same intake staff stated that all youth entering this facility participate in youth education, which includes PREA. Zero LEP youth were assigned to this facility during the onsite portion of this audit.

During the facility tour, the Auditor observed the private area designated for the interpretive process and confirmed that interpretive services are available to youth in the facility. Utilizing an interpretive service does not require a youth's PIN. The Auditor also reviewed relevant PREA educational materials to ensure the information was age-appropriate and covered the necessary topics.

Random youth interviewed were asked when they first came here, did they get information about the facility's rules against sexual abuse and harassment? All responded yes.

115.333 (b): Within ten days of intake, the agency shall provide comprehensive, age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

115.333 (b)-1 The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake:1733.

SCDJJ Policy 321 on Prevention of Sexual Offenses Toward Youth, Section D, Youth Education, Subsections 1-3, (effective 05/06/2021) page 2, states that within ten days of intake, all youth in SCDJJ secure facilities will receive comprehensive instruction from assigned facility staff regarding their rights and responsibilities to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse. This information will be provided in formats accessible to all youth, including those with limited English proficiency, who are deaf, visually impaired, disabled, or have limited reading skills. The information will include, but not be limited to:

1. SCDJJ Policy and Procedures
2. SCDJJ zero-tolerance policy
3. Youth's rights and responsibilities to be free from sexual abuse
4. How to report sexual abuse and sexual harassment
5. How to avoid risky situations
6. How to report if being threatened, intimidated, and/or assaulted
7. How can counseling and medical assistance be obtained if victimized
8. Protection against retaliation
9. The risks and potential consequences of engaging in any sexual activity
10. Disciplinary action(s) for making false allegations
11. Health and social consequences of inappropriate or risky sexual behavior

3. Each facility will maintain documentation of youth participation in the education sessions and ensure that key information is continuously and readily available or visible to youth through posters, resident handbooks, and other written formats.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section D, Youth Education, Subsection 1-3, (effective 05/06/2021) page 2, indicates that within ten days of intake, all youth in all SCDJJ secure facilities will receive by assigned facility staff comprehensive instruction concerning youth's rights and responsibilities to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse.

Interviews with a select group of random and targeted youth confirmed receiving a comprehensive education in person that included a PREA-related video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding agency policies and procedure for responding to such incidents. Further, all targeted and random youth confirmed that the SCDJJ provided age-appropriate education in a language and reading level they understood.

During the audit, intake staff (1) confirmed that they provided incoming and transferring youth with an in-person comprehensive education within ten days. As part of the site review, intake staff also confirmed who is responsible for initiating the intake process. Further, intake staff indicates that the orientation process includes education on topics such as sexual safety information, how to report sexual abuse and sexual harassment, youth rights, and the agency's zero-tolerance information. Intake orientation education also includes a PREA video and verbal review of PREA education facts, and youth are provided a pamphlet written in English and Spanish.

Youth at SCDJJ with limited English proficiency have access to interpretive services, or the agency engages bilingual staff who communicate in a language that the youth understands, according to the Validation Administrator/PREA Coordinator. No LEP youth were identified during the onsite portion of this audit. Informal conversations with youth during the facility tour indicated that those who use English as a second language were bilingual and could speak and read English

easily. This Auditor verified with clinical practitioners that the number of LEP youth placed at SCDJJ was zero. Mental health practitioners interviewed confirmed that youth with cognitive challenges or functional difficulties were assigned to the caseload of a mental health practitioner. Informal conversations with youth not selected for formal interviews confirmed that SCDJJ provides PREA education to all youth under PREA standards.

SCDJJ provides interpretive language services through a telephone language line, while Global Interpretive Services are available in an office setting to ensure some privacy. These interpretation services are available on-demand, 24/7. The Auditor tested access to these services via the language line to check if the phones connecting to the line function correctly. Accessing the language line can be done from any landline in the facility. From any location within the facility, staff users dial 833-769-1307 (Toll-Free number) to reach an interpreter, enter a facility user PIN, select a language, and get connected. The interpreter briefly introduces the facility user and the LEP youth, who are not required to self-identify.

This Auditor observed PREA informational posters throughout the facility, displayed in all living units and common areas (e.g., administration, visitation, programs, and recreation). Youth were informally questioned about the posters and their meanings. Most youths could articulate the significance of each poster. The poster was displayed at eye level for most readers. The information was clear and consistent throughout all living units and hallways common to staff and youth.

PAQ 115.333 (b)-1 SCDJJ confirmed the number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within ten days of intake was 1733.

115.333 (c): Current residents who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility.

PAQ 115.333 (c)-1 SCDJJ indicates those residents who were NOT educated (as stated in 115.333 (b)-1) within ten days of intake. SCDJJ confirmed that all residents have been educated. SCDJJ indicates all youth are educated upon admission.

115.333 (c)-3 If NO, the number still not educated. 0.

PAQ 115.333 (c)-4 SCDJJ policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section D. Youth Education, Subsection 1, (effective 05/06/2021) page 2 states that within ten days of intake, all youth in all SCDJJ secure facilities will receive by assigned facility staff comprehensive instruction concerning youth's rights and responsibilities to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse. Youth will also receive information on SCDJJ policies and procedures for responding to incidents of sexual abuse, adolescent sexual development, risky sexual behavior, and the health and social consequences of inappropriate or risky sexual behavior.

SCDJJ Policy 918 Youth Rights and Responsibilities, Section A, (effective 05/02/2019) page 1, states that SCDJJ recognizes the following juvenile rights: The first page indicates that SCDJJ recognizes juvenile rights such as the right not to be discriminated against because of age, race, national origin, color, sexual orientation, religion, gender, or disability. All youth will receive a copy of these rights and responsibilities at admission. A copy of these rights and responsibilities (Attachment 918A) can be found in the SCDJJ Youth Handbook.

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

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section D, Youth Education, Subsection 1-3, (effective 05/06/2021) page 2, indicates that within ten days of intake, all youth in all SCDJJ secure facilities will receive by assigned facility staff comprehensive instruction concerning youth's rights and responsibilities to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse. Youth will also receive information on SCDJJ policies and procedures for responding to incidents of sexual abuse, adolescent sexual development, risky sexual behavior, and the health and social consequences of inappropriate or risky sexual behavior. This information will be provided in formats accessible to all youth, including those who are limited in English proficiency, deaf, visually impaired, or otherwise disabled or have limited reading skills.

SCDJJ Policy 336, Application of the PREA Standard, Section C. Training and Education, Subsection 1, (effective 05/06/2021) page 4, states all employees, youth, contractors, interns, and volunteers, including contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Youth, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of youth, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees with refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employee's file. [PREA Standard(s) §115.331, §115.332, §115.333].

SCDJJ Policy 336, Application of the PREA Standard, Section C. Training and Education, Subsection 2, (effective 05/06/2021) page 4, states consistent with SCDJJ Policy 321, each SCDJJ facility will ensure that all youth receive education on the

Agency's zero-tolerance policy, their rights, and responsibilities on how to be free from sexual abuse, sexual harassment, and retaliation for reporting. Such education will be provided to all youth within ten days of intake. Documentation of provided education will be placed in the youth's permanent file. [PREA Standard §115.333].

PAQ 115.333 (d)-1 SCDJJ confirmed that resident PREA education is available in formats accessible to all residents, including those with limited English proficiency.

During the facility tour, this Auditor observed youth PREA-related education posters and pamphlets in English and Spanish posted in all living units and common areas for visitors, staff, and youth. Specific PREA-related information includes contact information for youth, such as emotional support services, the hotline, and external reporting information. The language used on posters was age-appropriate, according to a select group interviewed during the onsite portion of this audit. The signage font size, formatting, and physical placement accommodate most readers, including those of average height, low vision/visually impaired, or physically disabled/in a wheelchair. This Auditor found no evidence of signage obscured by graffiti, vandalized, tattered, or torn. Key PREA information was continuously, readily available, and observed throughout the facility (e.g., posters, handbooks, and pamphlets).

PAQ 115.333 (d)-3 SCDJJ confirmed that resident PREA education is available in formats accessible to all residents, including the visually impaired. Refer to comments outlined in subsection (b).

PAQ 115.333 (d)-4 SCDJJ confirmed that resident PREA education is available in formats accessible to all residents, including those who are otherwise disabled. Refer to comments outlined in subsection (b).

PAQ 115.333 (d)-5 SCDJJ confirmed that resident PREA education is available in formats accessible to all residents, including those with limited reading skills. Refer to comments outlined in subsection (b).

Informal conversations with select staff and youth in the facility regarding signage throughout the facility (e.g., readability and accessibility of information, including for confined persons with disabilities; consistency and accuracy of information; signage posted just for the audit or always posted (with the exception of the PREA Audit Notice) confirmed that the information was clear, understandable to most individuals with good eye-level placement and adequate font size in English and Spanish.

115.333 (e): The agency shall maintain documentation of resident participation in these education sessions.

SCDJJ Policy 336, Application of the PREA Standard, Section C. Training and Education, Subsection 2, (effective 05/06/2021) page 4, states consistent with SCDJJ Policy 321, each SCDJJ facility will ensure that all youth receive education on the Agency's zero-tolerance policy, their rights, and responsibilities on how to be free from sexual abuse, sexual harassment, and retaliation for reporting. Such education

will be provided to all youth within ten days of intake. Documentation of provided education will be placed in the youth's permanent file. [PREA Standard §115.333]. This substandard requires corrective action. SCDJJ will submit documentation of youth (20) participation in these educational sessions as evidence of compliance with this substandard.

Evidence relied upon:

1. PAQ
2. SCDJJ Policy 336, Application of the PREA Standard, Section C. Training and Education, Subsection 2, (effective 05/06/2021) page 4,
3. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section D, Youth Education, Subsection 1-3, (effective 05/06/2021) page 2
4. SCDJJ Policy 918 Youth Rights and Responsibilities, Section A (effective 05/02/2019), page 1
5. SCDJJ Youth Handbook
6. Global Interpretive Services service contract
7. Interview Intake staff (1)
8. Interview random and targeted youth (22)

Corrective Action:

1. 115.333 (a): During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This substandard requires corrective action. SCDJJ will submit documentation of youth (20) participation in these educational sessions as evidence of compliance with this substandard. Form 506 A.

Conclusion:

The narrative above includes 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. JDC meets this standard based on sampling in all material ways.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.334 (a): In addition to the general training provided to all employees under § 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

115.334 (a)-1 Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section C., Training Requirements (effective 05/06/2021) pages 1-19.

SCDJJ Policy 241 Staff Development and Training Requirements and Services (effective 09/19/2019) pages 1-8.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section C., Training Requirements, (effective 05/06/2021) pages 1-19, states all staff/employees will receive instruction related to the statutory law and policy concerning sexual violence, staff sexual harassment, and staff sexual misconduct and the prevention, detection, reporting, and investigation of such. Employees will receive this information as part of new employee orientation, consistent with SCDJJ Policy 241, Staff Development and Training Requirements and Services. Staff Development and Training will provide additional training as part of the annual employee training and will place a course containing this information on its annual training calendar.

2. In addition to the general training provided to all employees, all certified investigators, criminal and administrative, will successfully complete training in conducting sexual abuse and sexual harassment investigations in confinement settings. This training will include all required criteria specified in the PREA Youth Facility Standards.

During the audit process, the Auditor interviewed an investigator. The investigator confirmed the completion of annual and specialized training as required in this standard. The Auditor also reviewed four training transcripts to verify the necessary training in this standard, specialized training in conducting investigations in confinement settings.

SCDJJ Policy 241 Staff Development and Training Requirements and Services, Section 4, In-Service Training (effective 09/19/2019), pages 1-8 states that all SCDJJ employees are required to receive in-service training to increase their knowledge, skills, and abilities related to their job duties and responsibilities and to promote professional growth and development.

a. All SCDJJ employees are required to complete a minimum of 15 hours of job-related training annually per calendar year. As outlined in the training policy, additional training may be required for specified positions, as outlined in the training plan. Inservice training hours can be obtained through approved internal or external training.

b. Awarding in-service training hours is contingent upon meeting the required SD&T

training approval guidelines outlined in the Agency's training plan.

SCDJJ Policy 241 Staff Development and Training Requirements and Services, Section 5., Specialized and Occupational Training, (effective 09/19/2019), pages 1-8, states employees requiring specialized training should follow applicable Agency policies and their occupational licensure requirements and adhere to Agency training attendance guidelines.

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

SCDJJ Policy 241 Staff Development and Training Requirements and Services, Section 4, In-Service Training (effective 09/19/2019), pages 1-8 states that all SCDJJ employees are required to receive in-service training to increase their knowledge, skills, and abilities related to their job duties and responsibilities and to promote professional growth and development.

A review of the training curriculum provided by the National Institute of Corrections (NIC) confirmed that specialized training included techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.334 (c): The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

SCDJJ Policy 241 Staff Development and Training Requirements and Services, Section D. Training Attendance and Expectations (effective 09/19/2019) page 6 indicates that before registering for internal and external training, employees must obtain approval from his/her supervisor and meet the minimum training requirements. Employees must receive a training confirmation to attend training, if applicable. In the event employees are unable to attend a confirmed training, they are required to cancel their registration by notifying SD&T or the identified training sponsor.

2. To receive training credit for external training, SCDJJ employees must complete and submit Form 241E, Documentation of External Training Attendance, and provide required documentation to SD&T.

3. Additional training expectations are outlined in the Agency's training plan.

This Auditor confirmed compliance with substandard 115.334 (c) by examining four certificates of specialized training in conducting sexual abuse investigations.

115.334 (c)-1 The agency maintains documentation showing that investigators have completed the required training.

	<p>SCDJJ Policy 241 Staff Development and Training Requirements and Services, Section D. Training Attendance and Expectations, (effective 09/19/2019) page 6, indicates that SCDJJ employees must complete and submit Form 241E, Documentation of External Training Attendance, and provide the required documentation to SD&T.</p> <p>PAQ 115.334 (c)-2 confirmed that three current investigators had completed the required training; however, a review of the training transcript found that the agency submitted four transcripts instead of three.</p> <p>115.334 (d): Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations.</p> <p>Auditor is not required to audit this provision.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. SCDJJ Policy 241 Staff Development and Training Requirements and Services, Section D. Training Attendance and Expectations, (effective 09/19/2019) page 6 3. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section C., Training Requirements, (effective 05/06/2021) pages 1-19 <p>Conclusion:</p> <p>The narrative above includes 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. JDC meets this standard based on sampling in all material ways.</p>
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115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.335 (a): The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in (1) How to detect and assess signs of sexual abuse and sexual harassment;(2) How to preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p>

115.335 (a)-1 The agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. Yes.

SCDJJ Policy 241 Staff Development and Training Requirements and Services, Section 4., In-Service Training, and Section 5., Specialized and Occupational Training (effective 09/19/2019) pages 1-8.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021), Section L. Prevention Plan (effective 05/06/2021) page 16.

SCDJJ ensures that all full- and part-time medical and mental health care practitioners who regularly work in its facilities have been trained in (1) How to detect and assess signs of sexual abuse and sexual harassment, (2) How to preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

SCDJJ Policy 241 Staff Development and Training Requirements and Services, Section 4., In-Service Training, and Section 5., Specialized and Occupational Training (effective 09/19/2019), pages 1-8, states that all SCDJJ employees are required to receive in-service training to increase their knowledge, skills, and abilities related to their job duties and responsibilities and to promote professional growth and development.

a. All SCDJJ employees are required to complete a minimum of 15 hours of job-related training annually per calendar year. As the training plan outlines, additional training may be required for specified positions. Inservice training hours can be obtained through approved internal or external training.

b. Awarding in-service training hours is contingent upon meeting the required SD&T training approval guidelines outlined in the SCDJJ's training plan.

PAQ 115.335 (a)-2 SCDJJ indicates that three medical and mental health care practitioners who regularly work at this facility received the training required by agency policy. 3.

A document titled "PREA Training Completion Clinical Health Services Education Chaplain Classification Staff," dated 04/30/2024, confirms that medical and mental health practitioners who regularly work at the facility receive the training required in SCDJJ Policy 421 Staff Development and Training Requirements and Services and under Standard 115.335.

Further, SCDJJ Policy 421 Staff Development and Training Requirements and Services, Section 5. Specialized and Occupational Training (effective 09/19/2019), page 5, indicates that employees requiring specialized training should follow applicable Agency policies and their occupational licensure requirements and adhere to Agency training attendance guidelines.

PAQ 115.335 (a)-3 SCDJJ confirmed that 100% of all medical and mental health care

practitioners who regularly work at this facility received the training required by agency policy. 100.

During this audit, the Auditor interviewed a select sample medical and mental health practitioners (2). Each practitioner confirmed that they received the training as required by SCDJJ and this standard. According to the practitioners, they do not conduct forensic examinations, nor have they received training to perform them. Forensic examinations are conducted at a local hospital by a SANE/SAFE examiner.

115.335 (b)-1 Agency medical staff at this facility conduct forensic medical exams. No.

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

SCDJJ Policy 421 Staff Development and Training Requirements and Services, Section 5. Specialized and Occupational Training (effective 09/19/2019), page 5, indicates that employees requiring specialized training should follow applicable Agency policies and their occupational licensure requirements and adhere to Agency training attendance guidelines.

A document titled "PREA Training Completion Clinical Health Services Education Chaplain Classification Staff," dated 04/30/2024, confirms that medical and mental health practitioners who regularly work at the facility receive the training required in SCDJJ Policy 421 Staff Development and Training Requirements and Services and under Standard 115.335.

PAQ 115.335 (c)-1 SCDJJ confirmed that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. Yes.

PAQ 115.335 (d): SCDJJ confirmed that medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

A document termed PREA Training Completion Clinical Health Services Education Chaplain Classification Staff, dated 04/30/2024, confirms that medical and mental health practitioners who work regularly at the facility receive the training required in SCDJJ Policy 421 Staff Development and Training Requirements and Services and under Standard 115.335.

Evidence relied upon:

1. PAQ
2. Interview with a medical practitioner
3. Interview with a mental health practitioner
4. Examination of training files

	<ol style="list-style-type: none"> 5. SCDJJ Policy 241 Staff Development and Training Requirements and Services, Section 4., In-Service Training, effective 09/19/2019), pages 1-8 6. SCDJJ Policy 241 Staff Development and Training Requirements and Services, Section 5., Specialized and Occupational Training (effective 09/19/2019), pages 1-8 7. SCDJJ Policy 421 Staff Development and Training Requirements and Services, Section 5. Specialized and Occupational Training (effective 09/19/2019), page 5 8. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021), Section L. Prevention Plan (effective 05/06/2021) page 16. <p>Conclusion:</p> <p>The narrative above includes 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. JDC meets this standard based on sampling in all material ways.</p>
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115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.341 (a): Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p>115.341 (a)-1 The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section F. Youth Assessment, Classification, Reclassification, and Housing Assignment in Secure Facilities, Subsection 2, (effective 05/06/2021, page 5 indicates that the facility Multidisciplinary team will use the information gathered from the Youth Intake Form / Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) (Form 321D) in assigning youth to the appropriate housing, bed, education, and programming within 72 hours of arrival at the facility. The facility Multidisciplinary Team's determinations of housing and room assignments will be documented using the Facility Housing Determination Form (321G). The facility's Multidisciplinary Team's housing reassessments will be completed using the Facility Housing Assignment Review Form (321H).</p> <p>SCDJJ Policy 336 Application of PREA Standards, Section D, Screening for Risk of</p>

Sexual Victimization and Abusiveness, (effective 05/06/2021) page 5, indicates that all youth will be screened by an intake officer and a clinical practitioner for risk of vulnerability /abusiveness consistent with the PREA Youth Facility Standards requirements within 72 hours of arrival at each facility and before placement decisions and assignments are made. All secure facilities will use the Vulnerability to Victimization or Sexual Aggression Screening (VVSAS) Instrument (form 321D) provided.

SCDJJ Policy 500 Detention Center Admission, Section D. PREA Compliance, Subsection 1, (effective 06/16/2021) pages 4-6, indicates that the facility will use all information obtained during intake to make housing, bed, program, education, and work assignments for youth with the goal of keeping all residents safe: a. Youth may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other youth safe, and then only until an alternative means of keeping all youth safe can be arranged. b. Lesbian, gay, bisexual, transgender, or intersex youth will not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually vulnerable or sexually aggressive. c. In deciding whether to assign a transgender or intersex resident to housing for male or female youth and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the youth's health and safety and whether the placement would present management or security problems. d. If a youth is placed in isolation for safety purposes, the facility will clearly document the basis for the concern for the youth's safety and the reason why no alternative means of separation can be arranged, and the youth's isolation will be reviewed every week to determine whether there is a continuing need for separation from the general population.

115.341 (b): Such assessments shall be conducted using an objective screening instrument.

PAQ 115.341 (b)-1 SCDJJ confirmed that a risk assessment is conducted using an objective screening instrument.

By examination, the Auditor determined that the SCDJJ Vulnerability to Victimization or Sexual Aggression Screening (VVSAS) Instrument (form 321D), as provided, is objective and meets the minimum requirements in this standard. The screening uses all criteria (1-11), at a minimum, to assess risk. A VVSAS record review for youth admitted to the facility within the past 12 months is required as evidence of appropriate screening within 72 hours is forthcoming.

115.341 (c): At a minimum, the agency shall attempt to ascertain information about (1) Prior sexual victimization or abusiveness; (2) Any gender non-conforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities;

(8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from particular other residents. Problematic evidence to support this standard is forthcoming.

By examination, the Auditor determined that the SCDJJ Vulnerability to Victimization or Sexual Aggression Screening (VVSAS) Instrument (form 321D), as provided, is objective and meets the minimum requirements in this standard. The screening uses all criteria (1-11), at a minimum, to assess the risk of victimization and abusiveness.

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

Interviews with staff responsible for risk screening, such as intake staff, a select medical (1), and a mental health practitioner (1), all confirmed that youth may decline to answer questions regarding information listed in Standard 115.341 (c). This information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files. Staff responsible for risk screening confirmed a requirement to affirmatively ask youth about their sexual orientation and gender identity by directly inquiring if they identify as LGBTI and making a subjective determination about the perceived status of the said youth. Further, the same intake staff explained in detail how information is collected/ specifics of the VVSAS screening instrument and how and where interviews occur privately.

Interviews with random and targeted youth (22) during the onsite portion of this audit confirmed the willful completion of the VVSAS during the intake process. Zero youth interviewed during the audit indicated a negative consequence for failing to answer any questions on the VVSAS. All youth interviewed confirmed that interviews by medical, mental health, and intake staff took place in a room out of earshot of other staff and youth. Included on the VVSAS form are questions regarding criminogenic and prior confinement history

115.341 (e): The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked under this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

SCDJJ has implemented appropriate controls on the dissemination within the facility of responses to questions asked under this standard to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. During the facility tour, this Auditor observed files in locked rooms with limited access. In addition, according to a select group of medical (1) and mental health (1)

	<p>practitioners interviewed during this audit, electronic files are restricted and password protected.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021). 3. SCDJJ 500 Classification Services, Institutional Services (effective 06/16/2021). 4. SCDJJ Policy 336 Application of PREA Standards(effective 05/06/2021). 5. SCDJJ Vulnerability to Victimization or Sexual Aggression Screening (VVSAS) Instrument (form 321D) 6. Interviews with youth (22) <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. SCDJJ will provide the Auditor with a select list of VVSAS (22) forms, an objective screening instrument for review. The VVSAS forms must meet all requirements outlined in this standard. <p>Conclusion:</p> <p>JDC provided this Auditor with a select sample of VVSAS forms to assess the risk of sexual victimization as required in this standard. Based on sampling meets this standard in all material ways.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.342 (a): The agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.</p> <p>SCDJJ Policy 512 Classification System for Housing in Secure Facilities, Section A., (effective 06/16/2018) page 1, indicates that housing assignment factors will be considered when determining the most suitable program, unit, and room assignment for each youth, such as:</p> <ol style="list-style-type: none"> 1. Seriousness and nature of current offense (e.g., offense category). Facts of the case (e.g., plead down from original offense).

2. Offense history.
3. Escape or runaway history.
4. ALERT/Separation/Caution requirements and/or notices and the nature of such.
5. Proximity to hostile co-defendants or peers or victims of record.
6. Documented history of assaultive/aggressive/sexually aggressive behavior in any environment.
7. Documented history of victimization/sexual vulnerability by peers or others.
8. Age

SCDJJ Policy 512 Classification System for Housing in Secure Facilities, (effective 06/16/2018) page 1, all facilities will assess and monitor the appropriateness of each youth's program assignment and housing unit for secure facilities. Various factors will be considered in determining the appropriate dorm and housing unit. The factors will include but are not limited to, individual treatment needs, behavioral criteria, history of aggression, victimization, adjustment to custody (previous and current), and other appropriate factors. Each youth unit and room assignment may be reassessed at designated timeframes and when necessary to maintain the safety and security of the youth and facility operations.

SCDJJ Policy 500 Detention Center Admissions, Section A, Subsection 1 (effective 06/16/2018) states that the County Case Manager will receive notification from law enforcement when a youth has been taken into custody. The County Case Manager will complete a Detention Screen Advisory Form (Form 408A) in compliance with SCDJJ Policy 408, Detention Screening Process, and will advise law enforcement if it is recommended that the youth be detained or be released to a responsible adult. If law enforcement decides to detain the youth, a Law Enforcement Officer will transport the youth to the SCDJJ Detention Center. If a youth will be detained, the County Case Manager will communicate with the SCDJJ Detention Center and Notify the SCDJJ Detention Center staff of the youth's pending arrival and share pertinent information gathered during the screening to include the supplemental information consistent with SCDJJ Policy 905, Youth with Disabilities.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section F. Youth Assessment, Classification, Reclassification, and Housing Assignment in Secure Facilities, Subsection 2, (effective 05/06/2021) page 5, states 2. The facility Multidisciplinary team will use the information gathered from the Youth Intake Form / Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) (Form 321D) in assigning youth to the appropriate housing, bed, education, and programming within 72 hours of arrival at the facility. The facility Multidisciplinary Team's determinations of housing and room assignments will be documented using the Facility Housing Determination Form (321G). The facility Multidisciplinary Team's housing reassessments will be completed using the Facility Housing Assignment Review Form (321H).

1. Youth assigned to secure facilities will be placed in a living unit consistent with SCDJJ Policies 509, Custody, Placement, Supervision Levels, and 512, Classification System for Housing in Secure Facilities.

2. The facility Multidisciplinary team will use the information gathered from the Youth Intake Form / Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) (Form 321D) in assigning youth to the appropriate housing, bed, education, and programming within 72 hours of arrival at the facility. The facility Multidisciplinary Team's determinations of housing and room assignments will be documented using the Facility Housing Determination Form (321G). The facility Multidisciplinary Team's housing reassessments will be completed using the Facility Housing Assignment Review Form (321H).

PAQ 115.342 (a)-1 SCDJJ confirmed that the agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

This substandard requires corrective action. Documentation (e.g., Housing Classification Scorecard) of the use of screening information for these purposes and how decisions are made pursuant to the standard will be forthcoming.

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

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section G. Youth Supervision and Security Practices, Subsection 3. (effective 05/06/2021) page 9, states that youth will be assigned to isolation/segregation only as a last resort. When housed in isolation, security practices will be consistent with SCDJJ Policy 323, Isolation of Youth. If a youth is isolated from other youth, the Facility Multidisciplinary Team will document the basis for concern for the youth's safety and the reason no other alternative means of separation could be arranged. The Multidisciplinary Team will meet at a minimum of every 30 days to review all youth assigned to isolation/segregation to determine the need for continued isolation/segregation.

During an interview with custody staff who supervise youth in isolation, they confirmed that When a resident is placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse, they have access to programs, privileges, and education but not work opportunities.

Medical (1) and mental health (1) practitioners interviewed during this audit confirmed that SCDJJ uses all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. Medical (1) and mental health (1) practitioners interviewed during this audit confirmed that youth in isolation received daily visits from a medical or mental

health care clinician.

Staff who supervise youth in isolation denied that any youth was held in isolation during the past 12 months due to a risk of sexual victimization. Zero records were reviewed of placement of youth at risk for victimization who were in isolation during the past 12 months. Staff who supervise youth in isolation also confirmed that SCDJJ provides youth with daily large-muscle exercise and any legally required educational programming or special education services.

The facility tour included the entire facility, including locations where youth could be held in isolation. During the onsite portion of this audit, zero youth were being held for risk of victimization or/who allege to have suffered sexual abuse.

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

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section F. Youth Assessment, Classification, Reclassification, and Housing Assignment in Secure Facilities, (effective 05/06/2021)page 5, states, Any non-conforming gender appearance or manner or identification as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI) and whether the youth may be vulnerable to sexual abuse. Youth who identify as lesbian, gay, bisexual, transgender, questioning/queer, or intersex (LGBTQI) will be treated in accordance with SCDJJ Policy 918, Youth Rights and Responsibilities, and SCDJJ Policy 222, Employee Ethics and Relations with Others. [PREA Standard(s) §115.342 (c)]. Employees completing the youth intake will complete the Sexual Orientation, Gender Identity, and Gender Expression (SOGIE Assessment) Form 321E.

SCDJJ Policy 512 Classification System for Housing in Secure Facilities, B. Facility Housing Plan Subsection 1d. (effective 06/16/2018) indicates that identifying as LGBTQ will not be the sole factor in determining placement.

PAQ 115.342 (c)-1 SCDJJ confirmed that the facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, beds, or other assignments solely on the basis of such identification or status.

115.342 (c)-2 SCDJJ confirmed that the facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

During the onsite portion of this audit, the Auditor zero youth who self-identified as bisexual, transgender, and intersex. One youth self-identified as gay. During her interview the youth denied placement is segregated housing based on her gender identity.

115.342 (d): In deciding whether to assign a transgender or intersex resident to a

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

SCDJJ Policy 512 Classification System for Housing in Secure Facilities, Section B. Facility Housing Plan Subsection 1d., (effective 06/16/2018) page 3, indicates that identifying as LGBTQ will not be the sole factor in determining placement.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section G. Youth Supervision and Security Practices, Subsection 4, (effective 05/06/2021) page 8 states, that LGBTQI youth will neither be assigned to a particular housing, bed, or other assignment based on such identification or status nor will the Facility Multidisciplinary Team consider identification or status as LGBTQI as an indicator of likelihood of being sexually aggressive or vulnerable.

During an interview with the Validation Administrator/PREA Coordinator, she confirmed that the agency/facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of the likelihood of being sexually abusive.

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

During an interview with the Validation Administrator/PREA Coordinator, she confirmed that placement and programming assignments for each transgender or intersex youth are reassessed at least twice each year to review any threats to safety experienced by the resident. During this audit, zero transgender or intersex youth were assigned to the facility, as confirmed by a medical practitioner and the Validation Administrator/PREA Coordinator.

Staff responsible for risk screening confirmed that placement and programming assignments for each transgender or intersex resident are reassessed at least twice each year to review any threats to safety experienced by the resident. During this audit, zero transgender or intersex youth were assigned to the facility, as confirmed by a medical practitioner and the Validation Administrator/PREA Coordinator. Zero reassessments were reviewed for this standard.

115.342 (f): A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

During an interview with the Validation Administrator/PREA Coordinator, she confirmed that a transgender or intersex youth's own views for his or her own safety are given serious consideration.

Staff responsible for risk screening confirmed that a transgender or intersex youth's own views for his or her own safety are given serious consideration.

115.342 (g): Transgender and intersex residents shall be given the opportunity to

shower separately from other residents.

During an interview with the Validation Administrator/PREA Coordinator, she confirmed that transgender and intersex youth are given the opportunity to shower separately from other youths.

During the facility tour, the Auditor observed that showers on each living unit were constructed as individual showers. Youth (random and targeted) (22) confirmed the ability to shower separately. During this audit, zero transgender or intersex youth were assigned to the facility, as confirmed by a medical practitioner and the Validation Administrator/PREA Coordinator.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section G. Youth Supervision and Security Practices, Subsection 6, (effective 05/06/2021) page 8 states transgender and intersex youth will be provided the opportunity to shower separately from other youth.

115.342 (h): If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged.

PAQ 115.342 (h)-1 SCDJJ confirmed that zero youth were held in isolation in the past 12 months because the facility was concerned for their safety.

According to the Validation Administrator/PREA Coordinator, zero youth have been held in isolation at this facility in the past 12 months for risk of sexual victimization

Evidence relied upon:

1. PAQ
2. Interview with the Validation Administrator/PREA Coordinator
3. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth (effective 05/06/2021).
4. SCDJJ Policy 512 Classification System for Housing in Secure Facilities (effective 06/16/2018).
5. SCDJJ Policy 500 Detention Center Admissions (effective 06/16/2021).

Corrective Action:

1. Case file review, documentation if forthcoming (e.g., investigations)
2. Documentation (e.g., Housing Classification Scorecard) of the use of screening information for these purposes and how decisions are made pursuant to the standard will be forthcoming.

Conclusion:

1. JDC meets the requirements of this standard after corrective action in all material ways based on sampling during the relevant review period.

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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.351 (a): The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>PAQ 115.351 (a)-1 Yes. The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:</p> <ul style="list-style-type: none"> • sexual abuse and sexual harassment; • retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND • staff neglect or violation of responsibilities that may have contributed to such incidents. <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021) pages 1-19.</p> <p>SCDJJ PREA Poster (English/Spanish)</p> <p>SCDJJ PREA Brochure</p> <p>SCDJJ confirmed that the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, AND staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>During the facility tour, the Auditor observed PREA-related posters, pamphlets, and other signage. SCDJJ offers multiple internal methods for youth to confidentially report sexual abuse and harassment, retaliation from other youth or staff for reporting such incidents, and staff neglect or violations of responsibilities that may have contributed to these situations. The Auditor reviewed the information on the facility's signage to assess its readability and accessibility for youth, staff, and visitors. The signage observed was consistent and strategically placed in all living units in areas accessible to both visitors and youth. Externally, a youth may write to the South Carolina Law Enforcement Division (SLED) at PO Box 21398, Columbia, SC 29221. A letter of agreement dated December 7, 2022, from the Validation Administrator/PREA Coordinator to the Captain of SLED confirms that they will serve as SCDJJ's external reporting entity.</p>

Pathways to Healing is also identified as a mechanism for SCDJJ youth who need emotional support. This Auditor attempted to make contact with Pathways to Healing by phone. The receptionist transferred this Auditor to the extension for the organization's spokesperson. Initially, a spokesperson was unavailable. During the corrective action, this Auditor spoke to a spokesperson and the CEO from Pathways regarding the facility. The CEO confirmed that Pathways to Healing would provide advocacy services to any youth. According to the website, Pathways to Healing offers various services, including survivor services, education training, outreach and awareness, and volunteer outreach. Pathways to Healing has a 24-hour hotline (803) 771-7273 and is accessible on other social media platforms such as Instagram, Facebook, and Twitter. Pathways to Healing indicated a desire to expand services in the form of youth education regarding other services available in the community.

Random staff (11) were interviewed during the onsite portion of this audit. All provided the Auditor with multiple ways youth can privately report sexual abuse or sexual harassment. A select group of random and targeted youth (22) were also interviewed, employing the resident interview questionnaire. Youth (22) interviewed provided the Auditor with at least two methods of reporting sexual abuse or sexual harassment, which included internal and external reporting methods. All youth interviewed confirmed that signage was clear, understandable, and at an appropriate reading level for most youth.

115.351 (b): By examination, this Auditor confirms that SCDJJ provides at least one way for youth to report abuse or harassment to a public or private entity or office that is not part of the agency and that can receive and immediately forward youth reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request.

115.351 (b)-1 SCDJJ confirmed that the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office not part of the agency. Yes.

According to the PREA brochure, Youth Safety Guide for Secure Facilities, which is provided to all incoming youth during the intake process, you can make reports to a parole or probation officer of the court, parent, guardian, or Chaplain, write the South Carolina Law Enforcement Division (SLED) at P.O. Box 21398, Columbia, SC 29221 or write a letter to the Crisis Intervention address posted on each living unit.

Pathways to Healing is also identified as a mechanism for SCDJJ youth who need emotional support and to make a report, according to the poster in the living units. This Auditor contacted an advocacy group from the community, Pathways, by phone. The receptionist transferred this Auditor to the extension for the organization's spokesperson. Initially, a spokesperson was unavailable. During the corrective action, this Auditor spoke to a spokesperson and the CEO from Pathways regarding the facility. The CEO confirmed that Pathways would provide advocacy services to any youth. According to the website, Pathways offers various services, including survivor services, education training, outreach and awareness, and

volunteer outreach. Pathways has a 24-hour hotline (803) 771-7273 and is accessible on other social media platforms such as Instagram, Facebook, and Twitter. Pathways indicated a desire to expand services in the form of youth education regarding other services available in the community.

115.351 (b)-2 SCDJJ confirmed that the agency has a policy requiring residents detained solely for civil immigration purposes to be provided with information on contacting relevant consular officials and Department of Homeland Security officials. Yes.

See SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021), pages 1-19. SCDJJ does not detain youth solely for immigration purposes.

During this audit, the Auditor asked the PREA Compliance Manager (PCM) how the facility provides at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The PCM responded that all incoming youth during the intake process can make reports to a parole or probation officer of the court, parent, guardian, or Chaplain, write the South Carolina Law Enforcement Division (SLED) at P.O. Box 21398, Columbia, SC 29221 or write a letter to the Crisis Intervention address posted on each living unit, these procedures enable receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to agency officials, which allow the resident to remain anonymous upon request.

According to the youth (22) interviewed, internal reporting mechanisms include submitting a grievance into a drop box. Youth indicate that writing instruments are readily obtainable from unit staff. While grievances are available to youth in the facility when unavailable on the unit, Social Workers will provide the forms on demand. Likewise, these same youth confirmed the ability to report sexual abuse to a trusted staff person directly. Most youth interviewed listed their Social Worker as a method to report sexual abuse as well as a "white shirt." White shirts are custody supervisors who wear white shirts as part of their uniform in SCDJJ.

Signage was displayed in English and Spanish, the most commonly spoken languages in the facility. The signage text size, formatting, and physical placement accommodate most readers, including those of average height, low vision/visually impaired, or physically disabled/in a wheelchair. This Auditor found no signage obscured by graffiti or destroyed by vandalism. Audit notices for this facility were relevant to the current audit; contact information was consistent for the service provider/organization name(s), addresses, and phone number(s).

115.351 (c): Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

115.351 (c)-1 The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.

SCDJJ Policy 326 Reporting Events, Section 2, (effective 05/06/2021) page 1.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth Section E. Reporting Procedures, (effective 05/06/2021) page 3.

PAQ 115.351 (c)-2 SCDJJ confirmed that staff are required to document verbal reports. Yes.

SCDJJ Policy 326 Reporting Events, Section 2, (effective 05/06/2021) page 1.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth Section E. Reporting Procedures, (effective 05/06/2021) page 3.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section E. Reporting Procedures, (effective 05/06/2021) page 3, indicates that written reports of suspected sexual violence involving youth, staff sexual harassment, or staff sexual misconduct from any source will be submitted to the Division of Investigative Services by way of submitting an Event Report. Additionally, reporters may use the Tip line or call in the necessary information in conjunction with submitting an Event Report.

SCDJJ Policy 326 Reporting Events, Section 2, (effective 05/06/2021) page 1, SCDJJ Event Report: An electronic/ typed report that is required for each incident, accident, injury, or other significant event that occurs involving juveniles, employees, volunteers, and visitors occurring at and related to SCDJJ. The report is to be completed and submitted by the employee(s) observing or having knowledge of the event via <https://ers.scdjj.net>, the website for SCDJJ staff, and Form 326A for non-DJJ staff. Event Reports will be completed before the employee(s) ending their work day.

During the facility tour, through informal conversations with youth, the Auditor confirmed youth confirmed an awareness that they are allowed to report verbally and that they can report not only to an officer in their housing unit but also to other staff in the facility (e.g., medical and mental health staff, a counselor, etc.). Most youth interviewed informally indicated a willingness to make a verbal report to a trusted staff member such as a social worker or custody supervisor. All random and targeted youth interviewed confirmed awareness of the ability to verbally alert staff of an incident of sexual abuse or sexual harassment. Further, random custody staff interviewed all confirmed that SCDJJ mandate to accept verbal reports of sexual abuse and sexual harassment from youth, notify a supervisor, and document the event.

All SCDJJ staff sampled (11) confirmed they must report and document verbal reports. A review of investigative reports confirmed that the youth reported verbally to staff, and staff documented each verbal report using an Event Report (ER) document.

SCDJJ random staff (11) interviewed confirmed that they would accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties and will promptly document any verbal reports as confirmed by a select group of random and specialized staff interviewed by the Auditor.

115.351 (d): The facility shall provide residents with access to tools necessary to make a written report.

115.351 (d)-1 The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Yes.

The facility shall provide youth access to tools necessary to make a written report, as confirmed by a select group of random and specialized facility staff. Further, interviews with all random and targeted residents (22) confirmed that youth have access to the writing tools necessary to make a PREA report of sexual abuse or sexual harassment to SCDJJ authorities. During the facility tour, this Auditor observed evidence of youth access to writing instruments in all living units.

PAQ 115.351 (e)-1 SCDJJ confirmed establishing procedures for staff to privately report sexual abuse and sexual harassment of residents.

SCDJJ Policy 321 Reporting Events, Section E. Reporting Procedures, (effective 05/06/2021) page 3 indicates that written reports of suspected sexual violence involving youth, staff sexual harassment, or staff sexual misconduct from any source will be submitted to the Division of Investigative Services by way of submitting an Event Report. Additionally, reporters may use the Tip line or call in the necessary information in conjunction with submitting an Event Report.

SCDJJ Policy 326 Reporting Events, Section C, Tip Line (1-866-313-0073), (effective 05/06/2021) page 2 indicates the SCDJJ Inspector General (IG) operates a toll-free "Tip Line" which may be utilized by SCDJJ employees statewide or the general public. This line is a voice messaging system allowing individuals to call anytime. Although the primary purpose of this service is to enhance the Event Reporting System, it also provides a mechanism for employees to relay ideas and concerns. Individuals calling the Tip Line are asked to provide as much detail (date, time, location, individuals involved, type of incident) as possible so that the specific incident can be verified.

SCDJJ provides a method for staff to report sexual abuse and sexual harassment of youth privately. SCDJJ Policy 326 Reporting Events, the SCDJJ Inspector General (IG) operates a toll-free "Tip Line," which may be utilized by SCDJJ employees statewide or the general public. This line is a voice messaging system allowing individuals to call anytime. Although the primary purpose of this service is to enhance the Event Reporting System, it also provides a mechanism for employees to relay ideas and concerns. Individuals calling the Tip Line are asked to provide as much detail (date, time, location, individuals involved, type of incident) as possible so that the specific incident can be verified.

PAQ 115.351 (e)-2 SCDJJ confirmed that staff are informed of these procedures in the following ways: text omitted.

SCDJJ Policy 326 Reporting Events, Section C, Tip Line (1-866-313-0073), (effective 05/06/2021) page 2 indicates the SCDJJ Inspector General (IG) operates a toll-free "Tip Line" which may be utilized by SCDJJ employees statewide or the general public. This line is a voice messaging system that allows individuals to call at any time. Although the primary purpose of this service is to enhance the Event Reporting System, it also provides a mechanism for employees to relay ideas and concerns. Individuals calling the Tip Line are asked to provide as much detail (date, time, location, individuals involved, type of incident) as possible so that the specific incident can be verified.

SCDJJ Policy 336 Application of the PREA Standards, Section C. Training, and Education, Subsection 1, (effective 05/06/2021) page 3 indicates that all employees, youth, contractors, interns, and volunteers, including contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Youth, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of youth, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees with refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employee's file. [PREA Standard(s) §115.331, §115.332, §115.333].

During interviews with random staff (11), all confirmed that a method to report allegations of sexual abuse or sexual harassment privately would be to call their immediate supervisor, notify the Validation Administrator/PREA Coordinator, or call the tip line. The tip line is available 24/7 to all SCDJJ employees. Using the tip line, SCDJJ staff are not required to follow the formal chain of command.

Evidence relied upon:

1. PAQ
2. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021) pages 1-19.
3. SCDJJ Policy 326 Reporting Events, Section 2, (effective 05/06/2021) page 1.
4. SCDJJ Policy 336 Application of the PREA Standards, Section C. Training, and Education, Subsection 1, (effective 05/06/2021) page 3
5. SCDJJ PREA Poster (English/Spanish)
6. SCDJJ PREA Brochure, Youth Safety Guide for Secure Facilities
7. Interview with Pathways to Healing
8. Interview with the Validation Administrator/PREA Coordinator
9. Attempted interview with SLED
10. Interview with random staff (11)
11. Interviews with random and targeted youth (22)

Corrective Action:

1. From the Event Report Summary provided by SCDJJ, it is indeterminate if any

	<p>youth reported sexual abuse during this reporting period. SCDJJ will provide evidence to identify any youth who reported sexual abuse during this reporting period.</p> <p>2. The Auditor will review investigative reports initiated in the past 12-month period.</p> <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor’s analysis and reasoning, and conclusions.</p>
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115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.352 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.</p> <p>PAQ 115.352 (a)-1 SCDJJ confirmed that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. Yes. The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section E, Reporting Procedures, Subsection 1c, Youth, (effective 10/05/2023) pages 1-19.</p> <p>SCDJJ Policy 920, Youth Grievance Process (effective 10/05/2023), pages 1-10.</p> <p>SCDJJ Policy 920 Youth Grievances Process, (effective 10/05/2023) page 1, states that the South Carolina Department of Juvenile Justice (SCDJJ or Agency) will administer a fair and equitable youth grievance process to address legitimate youth concerns effectively and expeditiously. Youth have the right to file a grievance regarding any status or situation under agency control. The Youth Grievances and Family Support department will manage this process, providing timely and fair resolution to youth complaints and ensuring that each youth is treated objectively and without discrimination. All youth, including those with disabilities, shall have equal access to the grievance process. Properly executing the grievance system builds trust between the youth and the agency, creating a transparent and communication-centered culture, leading to better outcomes and increased safety for staff and youth.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section E, Reporting Procedures, Subsection 1c, Youth, (effective 10/05/2023) page 5, indicates that as an alternative, youth may report information confidentially through the SCDJJ Sick</p>

Call Process (SCDJJ Policy 605) or anonymously through the Youth Grievance Process (SCDJJ Policy 920), which any staff member will provide. A youth may also call any outside agency or entity involved with ensuring the safety of children, including Protection and Advocacy for the Handicapped or the Department of Social Services.

PAQ 115.352 (b): SCDJJ confirmed that (1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process or to attempt otherwise to resolve with staff an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a resident's lawsuit because the applicable statute of limitations has expired.

PAQ 115.352 (b): (1) Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section E., Reporting Procedures, Subsection 1c, Youth (effective 05/06/2021) page 3.

SCDJJ Policy 920 Youth Grievance Process, Section B., Youth Access Subsection 4, (effective 10/05/2023) page 3.

SCDJJ Policy 920, Youth Grievance Process, Section B, Youth Access, Subsection 4, (effective 10/05/2023) page 3, indicates youth shall be encouraged to file timely grievances to address their issue when an informal discussion does not resolve their problem, for the Grievance Coordinator to assist them via the acquisition of current information, interviews, and video. There is no time limit for reporting a grievance issue or other allegation. Interviews with random and targeted youth (22) confirmed that filing a grievance is one method to initiate a PREA event report, and there is no time limit on when a youth may submit a grievance regarding an allegation of sexual abuse.

SCDJJ Policy 920 Youth Grievance Process, Section B., Youth Access Subsection 5, (effective 10/05/2023) page 5 states that youth alleging physical or sexual abuse are not required to participate in any informal grievance process or otherwise attempt to resolve an alleged incident of abuse with employees. There is no time limit on such grievances.

According to the PREA Compliance Manager, SCDJJ does not impose a time limit on when a youth may submit a PREA-related grievance regarding an allegation of sexual abuse. (2) SCDJJ applies otherwise applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a youth to use any informal grievance process or to attempt otherwise to resolve with staff an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a youth's lawsuit because the applicable statute of limitations has expired.

PAQ 115.352 (b)-2 SCDJJ confirmed that the agency's policy does not require a resident to use an informal grievance process or otherwise to attempt to resolve with staff an alleged incident of sexual abuse. Yes.

SCDJJ Policy 920 Youth Grievance Process, Section B., Youth Access Subsection 5, (effective 10/05/2023) page 5 states that youth alleging physical or sexual abuse are not required to participate in any informal grievance process or otherwise attempt to resolve an alleged incident of abuse with employees. There is no time limit on such grievances.

The Auditor examined five grievances to determine relevant information. PAQ 115.352 (d) 2 should have five grievances files in the past 12 months. One of the six grievances is a duplicate.

115.352 (c): The agency shall ensure that (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

SCDJJ ensures that (1) A youth who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) The grievance is not referred to a staff member who is the subject of the complaint. Interviews with (all) random and targeted residents confirmed their understanding of the grievance process and that they are not required to submit a grievance to a staff member who is the subject of the concern or allegation. 115.352 (d): (1) SCDJJ will issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90 days shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond of up to 70 days if the normal period for response is insufficient to make an appropriate decision. The agency shall notify the youth in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the youth does not receive a response within the time allotted for the reply, including any properly noticed extension, the youth may consider the absence of a response to be a denial at that level.

PAQ 115.352 (c)-1 SCDJJ confirmed that the agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

SCDJJ Policy 920 Youth Grievance Process, Section E., Grievance Process, Subsection 7, The Grievance Coordinator, (effective 10/05/2023) page 7, states if a grievance is filed against the Grievance Coordinator, the Grievance Coordinator shall submit the grievance to the Director of Youth Grievances and Family Support, who shall delegate the grievance to another Grievance Coordinator. The Grievance Coordinator shall: a. Collect grievances at least three (3) times per week on scheduled business days from the locked boxes throughout the facility and check email daily for grievances sent in from county offices and alternative placements.

PAQ 115.352 (c)-2 SCDJJ confirmed that the agency's policy and procedure require that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

SCDJJ Policy 920 Youth Grievance Process, Section E., Grievance Process, Subsection 7e, The Grievance Coordinator, (effective 10/05/2023) page 7 states if the grievance involves sexual abuse or sexual harassment-related

Information, even if there is no immediate threat, the Grievance Coordinator shall immediately notify the Director of Youth Grievances and Family Support, the FA, the PREA Compliance Manager, and the Validation Administrator/PREA Coordinator.

SCDJJ Policy 920 Youth Grievance Process, Section E., Grievance Process, Subsection 7i, The Grievance Coordinator (effective 10/05/2023), page 8 states that if a grievance is filed against the Grievance Coordinator, the Grievance Coordinator shall submit the grievance to the Director of Youth Grievances and Family Support, who shall delegate the grievance to another Grievance Coordinator.

115.352 (d): (1) The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. (2) Computation of the 90 days shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond of up to 70 days if the standard period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for the reply, including any properly noticed extension, the resident may consider the absence of a response to be a denial at that level.

PAQ 115.352 (d)-1 SCDJJ confirmed that the agency's policy and procedures require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of filing the grievance.

SCDJJ Policy 920 Youth Grievance Process, Section E., Grievance Process, Subsection 8 (effective 10/05/2023) states that the Grievance Coordinator has ten business days from receipt of the grievance to respond to the youth in writing.

PAQ 115.352 (d)-2 SCDJJ confirmed that in the past 12 months, the number of grievances that were filed that alleged sexual abuse was six.

The Auditor examined five grievances to determine relevant information. PAQ 115.352 (d) 2 should have five grievances files in the past 12 months. One of the six grievances is a duplicate.

Grievance total 18 for sexual abuse or sexual harassment during this review period. PAQ 115.352 (d) 2 indicates six filed specific reporting sexual abuse or sexual harassment. The number should total five grievances files in the past 12 months. One of the six grievances is a duplicate. This Auditor reviewed five grievances filed

where the youth made alleged PREA-related allegations of sexual abuse or sexual harassment.

John Z. Doe #1/ER 133573 alleges inappropriate touching by staff in his private area and thigh. The same youth also raised unrelated concerns about living conditions, including flying and biting pests in the E Unit. SCDJJ documentation indicates that the facility resolved the pest concerns to the youth's satisfaction. The grievance closure date was 04/15/24. Additional documentation, such as an investigation regarding inappropriate touching by staff, requires further documentation, which will be followed at a later Standard 115.71.

John M Doe #2 grieved a disciplinary report filed by a staff person. This issue did not meet the criteria for PREA. The youth did not allege sexual abuse or sexual harassment. The disciplinary report was dismissed due to evidence from a second staff person present during the incident.

John J. Doe #3 grieved a false PREA report he believes was filed against him. This youth is requesting the issue be closed. According to supporting documents, the incident was not classified as a PREA incident. The alleged victim indicated that he was not victimized in any way.

John R. Doe #4 grieved a pat-down search conducted by a staff person who he perceived as "homosexual." The youth stated, "I was uncomfortable with being searched by a homosexual; why couldn't a heterosexual search me?" The facility demonstrated a pat-down search. The youth confirmed that the officer followed proper procedures during the pat search.

John JC. Doe #5 grieved that a specific staff person was "treating him with voodoo" and bringing in food, vape pipes, and drugs to youth in the facility. She is rubbing on me, giving us phone calls on her cell phone." This grievance was assigned to an investigator on 10/31/23. Additional documentation, such as an investigation regarding inappropriate touching by staff, requires further documentation, which will be followed at a later Standard 115.71.

PAQ 115.352 (d)-4 SCDJJ confirmed that in the past 12 months, the number of grievances alleging sexual abuse that involved extensions because the final decision was not reached within 90 days was zero.

By examining the facility's Grievance Log (JDC and MEC) and grievances for the past 12-month period, this Auditor determined that the number of grievances alleging sexual abuse involved extensions because final decisions were not reached within 90 days was unclear. Two of six grievances assigned to an investigator alleging inappropriate touching are still pending (John Doe #1 and 5) completion of the investigative process.

PAQ 115.352 (d)-5 SCDJJ states in cases where the agency requested an extension of 90 days to respond to a grievance and that had reached final decisions by the time of the PREA audit, some grievances took longer than a 70-day extension period to resolve.

During an informal conversation with an investigator, the investigator indicated there is zero documented evidence of a request for extensions in cases where the agency requires an extension of 90 days to respond to a grievance when the grievance takes longer than a 70-day extension period to resolve.

PAQ 115.352 (d)-7 confirmed that SCDJJ always notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

Document review: Zero grievances that alleged sexual abuse, and their final decision was reviewed before corrective action. Investigations initiated during this reporting period are still pending.

115.352 (e): (1) Third parties, including fellow resident peers, staff members, family members, attorneys, and outside advocates, shall be permitted to assist youth in filing requests for administrative remedies relating to allegations of sexual abuse. They shall also be permitted to file such requests on behalf of residents. (2) 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 agreed to have the request filed on their behalf and may also require the alleged victim to pursue any subsequent steps in the administrative remedy process personally. (3) If the youth declines to have the request processed on their behalf, the agency shall document their decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals on behalf of such juveniles. As such, the grievance shall not be conditioned upon the youth agreeing to have the request filed on their behalf, according to SCDJJ.

PAQ 115.352 (e)-1 SCDJJ confirmed that the agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

SCDJJ Policy 336 Application of PREA Standard, Section E., Youth Reporting, Subsection 1, Youth Reporting (effective 05/06/2021) page 6 states that youth who allege sexual harassment or sexual abuse can report the event(s) to third parties, including fellow residents, staff members, family members, attorneys, and outside advocates.

There are several ways to report. Youth can report to any employee, volunteer, contractor, or third-party advocate or file a grievance with the Juvenile and Family Relations Department or any trusted staff, fill out a sick call form, or communicate through writing or calling a provided child advocacy center. [PREA Standard(s) §115.351 (a)(b)].

SCDJJ Policy 336 Application of PREA Standard, Section E., Youth Reporting, Subsection 4 (effective 05/06/2021) page 6 states the Division of Investigative Services (DIS) will investigate all allegations of sexual abuse and sexual

harassment. Youth are not required to use an informal grievance process to address any alleged perpetrators and resolve an alleged incident. [PREA Standard(s) §115.352 (b)].

Interviews with random and targeted youth (22) all confirmed that they are not required to use an informal grievance process to address any alleged perpetrator to resolve an alleged allegation of sexual abuse or sexual harassment.

SCDJJ Policy 336 Application of PREA Standard, Section E., Youth Reporting, Subsection 5 (effective 05/06/2021) page 6 states consistent with SCDJJ Policy 920, Youth Grievance Process, the JFR will ensure

Grievance receptacles are available and secure in all facilities. Youth will not be required to give a grievance form to any staff member who is the subject to the Complaint. [PREA Standard(s) §115.352 (c)].

During the facility tour, the Auditor noted PREA-related and emotional support signs throughout the facility, including in living units and common areas for staff, visitors, and youth, displayed in both English and Spanish, the two most common languages spoken. According to the SCDJJ Validation Administrator/PREA Coordinator, the agency does not detain youth for civil immigration purposes. The signage for external reporting provided clear and detailed information about available services and their purposes. Most randomly selected and targeted youth confirmed their understanding of the signage posted throughout the facility. The Auditor observed that the font size was adequate for most individuals, including those of average height, those in wheelchairs, and most youth with low vision or visual impairments. Additionally, third-party reporting information was grouped with general information from another facility, making it accessible to all youth in the living units. In areas frequented by youth, visitors, advocates, parents, and relatives, the Auditor saw important information posted in hallways, lunchrooms, and other public spaces.

While most youths were not on grade level, most confirmed that the PREA-related information, information regarding how to obtain emotional services, and methods to initiate a third-party report of an event of sexual abuse or sexual harassment determined that the language was understandable and on an age-appropriate reading level. Some youth indicated they were unaware of the types of emotional services available in their communities, but they identified where the information was in their living unit.

PAQ 115.352 (e)-2 Agency policy and procedure require that if the resident declines to have third-party assistance filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Indicates yes.

SCDJJ Policy 920 Youth Grievance, Section E1, Grievance Process, (effective 10/05/2023) page 7 states that youth may initiate the grievance process when they have a problem or concern or an incident that affects them personally. For any matter alleging sexual, physical, or verbal abuse, neglect, or harassment, the youth may file a grievance for another youth.

SCDJJ Policy 920 Youth Grievance, Section E15, Grievance Process, (effective 10/05/2023) page 9, youth may withdraw an allegation, declined to be interviewed about an allegation, or refuse to write a statement. However, this will not be the sole reason to cease the grievance inquiry or process. All rescinded allegations will be documented on the Rescinded Grievance Form 920D.

PAQ 115.352 (e)-3 Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such youth, regardless of whether or not the youth agrees to have the grievance filed on their behalf, indicates yes.

SCDJJ Policy 920 Youth Grievance Process, Section E., Grievance Process (effective 10/05/2023), page 9.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section E., Reporting Procedures (effective 05/06/2021) page 3.

PAQ 115.352 (e)-4 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: six.

By examining JDC PREA grievances, this Auditor determined that five grievances were submitted to the Grievance Coordinator in the past 12 months, two alleging sexual abuse. Additionally, this Auditor found no evidence that any resident requested or declined third-party assistance.

115.352 (f): (1) SCDJJ has established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within five calendar days. According to the Validation Administrator/PREA Coordinator, the initial response and final decision of an emergency grievance would be documented, as well as the agency's determination of whether the resident is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

According to PAQ 115.352, zero emergency grievances were filed during this review period, as confirmed by the Validation Administrator/PREA Coordinator and completion of the PRE-audit questionnaire. A sample review of the investigative report found zero incidents that originated as an emergency grievance. Consistent with SCDJJ Policy 920, Youth Grievance Process, the JFR will ensure that grievance receptacles are available and secure in all facilities. Youth will not be required to give a grievance form to any staff member who is the subject of the complaint. [PREA Standard(s) §115.352 (c)]. The JFR will notify the youth of the investigation process when the information from the investigator is provided, consistent with SCDJJ Policy 920 Youth Grievance Process. The investigator assigned to the

allegation will ensure that the JFR coordinator is notified of the administrative investigation and the results within 45 days of receiving the allegation. [PREA Standard(s) §115.352 (d)]. During the facility tour, this writer noted grievance boxes accessible to residents along with writing tools located at the desks of security staff posted on the living units.

SCDJJ 920 Policy Youth Grievance Process, Section D., Level of Grievances, Subsections 1-5, (effective 10/15/2023) page 5, indicate the following: 1. There are two (2) types of grievances:

- a. Priority One, which is an emergency grievance; and
- b. Priority Two refers to all other kinds of grievances.

SCDJJ 920 Policy Youth Grievance Process, Section D., Level of Grievances, Subsections 1-5, (effective 10/15/2023) page 6 states: Priority One (Emergency Grievance): If a grievance or allegation details an immediate threat or imminent harm to a youth, it will be considered an emergency grievance.

- a. After receiving an emergency grievance, the Grievance Coordinator will immediately forward it to the Facility Administrator (FA) and the Assistant Facility Administrator (AFA) to take immediate corrective action (including a mandatory safety plan) to ensure youth's safety.
- b. If the emergency grievance includes threats of sexual violence or fear of sexual violence, the Grievance Coordinator will immediately notify the FA and AFA, along with the Validation Administrator/PREA Coordinator and PREA Compliance Manager.
- c. Within 24 hours of receiving notice of the emergency grievance, the Division of Security and Operations management will provide the Grievance Coordinator with the immediate corrective action implemented to ensure youth safety. Within five (5) calendar days, the Division of Security and Operations will provide the Grievance Coordinator with any updates from the initial safety plan. The initial safety plan and updated safety plan documentation shall include the Agency's determination whether the youth is at substantial risk of physical or sexual abuse and the action(s) taken in response to the emergency grievance.

3. In these instances, youth may still place the grievance form in the grievance box or give the form or a letter to a trusted employee to deliver to the Grievance Coordinator. Youth shall be encouraged to alert an employee to any emergent situation.

4. Youth safety is critical. Any emergency grievance or grievance alleging harm from assault or abuse must be communicated to the FA and AFA, and the youth must be protected or assisted immediately.

5. Employees shall in no way impede the process or interfere in any manner when a youth believes there is a legitimate need to submit any grievance

All random staff (11) interviewed during the on-site portion of this audit confirmed

that the facility provides youth with access to the tools necessary to make written reports. This Auditor's observation of living units confirms that writing tools are abundant in all living units.

115.351 (e): The agency shall provide a method for staff to report sexual abuse and sexual harassment of residents privately.

SCDJJ provides employees and contractors a method to privately report sexual abuse and sexual harassment of youth through a tip line. (See Policy 321 Prevention of Sexual Offenses Toward Youth).

115.352 (g): The agency may discipline a resident for filing a grievance related to alleged sexual abuse only if the agency demonstrates that the resident filed the grievance in bad faith.

PAQ 115.352 (g) states that SCDJJ may discipline a youth for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the youth filed the grievance in bad faith. Anyone who willingly files a false statement may be subject to administrative or criminal investigation and discipline consistent with SCDJJ Policy 322, Alleged Abuse and Neglect of a Youth; SCDJJ Policy 328, Investigations; SCDJJ Policy 326, Reporting Events; and SCDJJ Policy 924, Youth Behavior Management – Incentive System and Progressive Discipline [PREA Standard(s) §115.351 (g)].

Interviews with a select sample of youth (random and targeted) (22) denied being disciplined for filing an allegation of sexual abuse or sexual harassment, with zero documented incidents of youth being disciplined for PREA-related filings of sexual abuse or sexual harassment.

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

Sample of grievances (5) that alleged sexual abuse and their final decision.

Evidence relied upon:

1. PAQ
2. Facility tour and site review
3. Interview with the Validation Administrator/PREA Coordinator
4. SCDJJ Policy 920 Youth Grievance Process (effective 10/15/2023), pages 1-10.
5. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021), pages 1-19.
6. SCDJJ Policy 336 Application of PREA Standards (effective 05/06/2021).
7. Examine JDC PREA Grievances (five) from the past 12 months to ensure relevant information is provided.
8. SCDJJ Form: 328B, Request for extension of administrative inquiries (effective 03/00/2022).

	<p>9. Interview with youth (22)</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. SCDJJ will document in writing all requests for extensions 2. SCDJJ investigator will review this standard to achieve compliance. <p>Recommendation:</p> <ol style="list-style-type: none"> 1. That JDC follow SCDJJ 920 Policy Youth Grievance Process. <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the conclusion.</p>
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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.353 (a): The facility shall 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. The facility shall enable reasonable communication between residents and these organizations and agencies in a manner that is as confidential as possible.</p> <p>PAQ 115.353 (a)-1 SCDJJ confirmed that the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. Yes.</p> <p>SCDJJ 321 Policy Prevention of Sexual Offenses toward Youth, Section H., Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection 1-13j., (effective 05/06/2021) page 12, Report of Sexual Violence and a SCDJJ Facility states:</p> <p>Each facility will provide youth with access to outside victim advocates for emotional support services related to sexual abuse by giving youth mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations.</p>

1) Each facility will enable reasonable communication between youth and these organizations or agencies in as confidential a manner as possible and shall inform youth, before giving them access, of the extent to which communication will be monitored and the extent to which reports of abuse will be forwarded to authorities following mandatory reporting laws.

Interviews with random and targeted youth (22) confirmed a general awareness of emotional services available in the community. Eighteen 18 of 22 youths interviewed were able to provide specific information regarding emotional services/ victim advocacy organizations related to sexual abuse. All confirmed participating in an orientation where the information was discussed, but few (2) youths retained the information. All youth (22) interviewed were able to tell this Auditor if they needed emotional support services where they could obtain information on access to outside victim advocates for emotional services related to sexual abuse. Twenty of the 22 youth interviewed indicated they would ask their assigned social worker. After more probing, most youths remember posters displayed on their living unit with information regarding outside emotional support services. Further, this Auditor observed written material prepared for youth relative to reporting allegations of sexual abuse and sexual harassment and access to emotional support services from community providers.

2) Each facility will enter into a Memorandum of Understanding or other agreements with community service providers to provide youth with confidential emotional support services related to sexual abuse and maintain copies of agreements or documentation of attempts to enter such agreements.

PAQ 115.353 (a)-2 SCDJJ confirmed that the facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis. Yes.

During the facility tour this Auditor observed:

PREA Zero Tolerance Posters (English/Spanish)

PREA brochure – Youth Safety Guide For Facilities with telephone numbers to contact outside advocacy organizations such as:

- The National Sexual Abuse Hotline (toll-free)
- Safe Passage (toll-free)
- Dee Norton Child Advocacy Center
- Pathway to Healing previously known as Midlands Sexual Trauma Services of the Midlands

PAQ 115.353 (a)-3 The facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents

mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes. Yes.

See 115.353 (a) - 2.

PAQ 115.353 (a)-4 The facility provides residents with access to such services by enabling reasonable, confidential communication between residents and these organizations. Yes.

2) Each facility will enter into a Memorandum of Understanding or other agreements with community service providers that can provide youth with confidential emotional support services related to sexual abuse and will maintain copies of agreements or documentation of attempts to enter into such agreements.

A review of a sample of SCDJJ investigative reports for JDC supports that for youth who reported sexual abuse, an interdisciplinary team, including medical and mental health practitioners, investigations, and upper management, developed a facility-specific safety plan for the youth reporting sexual abuse or sexual harassment. The meeting was well documented, and the youth was offered referral information to contact an outside organization for emotional support.

115.353 (b): The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.353 (b)-1 The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. Yes.

SCDJJ 321 Policy Section H. Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection 1., Report of a Sexual Violence in a SCDJJ Facility (effective 05/06/2021) pages 12 each facility will provide youth with access to outside victim advocates for emotional support services related to sexual abuse by giving youth mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations.

115.353 (b)-2 The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. Yes.

SCDJJ Policy 321 Section H. Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection 1j., Report of a Sexual Violence in an SCDJJ Facility (effective 05/06/2021) pages 12 each facility will enable reasonable communication between youth and these organizations or agencies in as confidential manner as possible and shall inform youth, before giving them access, of the extent to which

communication will be monitored and the extent to which reports of abuse will be forwarded to authorities following mandatory reporting laws.

During the onsite portion of this audit, youth were asked whether they knew if their conversations with representatives from advocacy organizations for emotional support would be shared with or overheard by anyone else. All the youth surveyed believed they had been informed that their calls could be monitored. When asked if the facility allows them to meet or speak with their lawyer or another attorney, 21 youths responded positively. One youth commented, "They won't pick up the phone." All youth interviewed (22) indicated that calls to their attorney of record would remain confidential. All youth confirmed they could earn extra phone calls based on their behavior. Routine calls to a guardian or parent are permitted several times each week.

115.353 (c): The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

115.353 (c)-1 The agency or facility maintains a memorandum of understanding or other agreements with community service providers that can provide residents with emotional support services related to sexual abuse. No.

115.353 (c)-3 If NO to 115.353(c)-1, the agency or facility has attempted to enter into MOUs or other agreements with community service providers that can provide such services. Yes.

This Auditor examined emails from SCDOC and SCDJJ, which demonstrate their attempts to secure a MOU for emotional support.

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

115.353 (d)-1 The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. Yes.

SCDJJ Policy 918 Youth Rights and Responsibilities, Procedural Guidelines 14 (effective 05/02/2019), page two, states youth have the right to access their attorney.

115.353 (d)-2 The facility provides residents with reasonable access to parents or legal guardians. Yes.

SCDJJ Policy 918 Youth Rights and Responsibilities, Procedural Guidelines 14 (effective 05/02/2019), page two, states youth have the right to access their attorney.

During this audit, the Auditor interviewed the facility administrator and inquired

	<p>about how the facility ensures youth have reasonable and confidential access to their attorneys or other legal representation. Attorney visits are scheduled and occur privately within the facility. All youth are permitted to visit individuals authorized by the courts, which may include a parent or legal guardian.</p> <p>During this audit, the Auditor interviewed the PCM and asked, "What is your policy or practice for providing residents with access to their attorneys or other legal representation?" Attorney visits are scheduled in coordination with the youth Social Worker and administration. All attorneys of record are admitted to the facility for a private consultation in a confidential setting. Visitation is scheduled and allowed with authorized legal guardians or with approval from the legal guardian and administration. In cases where a youth reports sexual abuse or sexual harassment, the facility will notify the parent or legal guardian of the incident.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. Facility tour and site visit 3. SCDJJ 321 Policy Prevention of Sexual Offenses toward Youth, Section H., Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection 1-13j., (effective 05/06/2021) page 12 4. PREA Zero Tolerance Posters (English/Spanish) 5. PREA brochure – Youth Safety Guide For Facilities 6. SCDJJ Policy 321 Section H. Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection 1., Report of a Sexual Violence in a SCDJJ Facility (effective 05/06/2021) pages 12 7. SCDJJ Policy 918 Youth Rights and Responsibilities, Procedural Guidelines 14 (effective 05/02/2019), page two 8. Interview with youth (22) 9. Interview with the PCM 10. Interview with the FA 11. Review of investigative reports JDC <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the conclusion.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.354 (a): The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute public information on how to report sexual abuse and sexual harassment on behalf of a resident.

PAQ 115.354 (a)-1 SCDJJ confirmed that the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. Yes.

PAQ 115.354 (a)-2 SCDJJ confirmed that the agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. Yes.

This Auditor confirmed that SCDJJ provides information on reporting youth sexual abuse or sexual harassment on behalf of youth. Signage is in common areas throughout the facility, and the same information is available on the agency's webpage. Specifically, SCDJJ provides information on services, such as emotional support services and external reporting methods. The external reporting language explicitly details contact information for third-party reporting. Information about emotional support includes the programs and services available for youth in need of assistance after experiencing sexual abuse.

- Division of Investigative Services Hotline: 1-866-313-0073
- Contact information for the SCDJJ, Validation Administrator/PREA Coordinator, Standards@djj.sc.gov
- SCDJJ has a zero-tolerance standard for sexual abuse, sexual harassment, or sexual misconduct.
- PREA Policies
- SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (PDF)
- SCDJJ Policy 328 Investigations (PDF)
- SCDJJ Policy 336 Application of the PREA Standards
- PREA Resource Center contact link
- Family Support and Protection Organizations

SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section E, Reporting Procedures, Subsection 1c, Youth, (effective 05/06/2021) states that as an alternative, youth may report information confidentially through an SCDJJ Sick Call Process (SCDJJ Policy 605) or anonymously through the Youth Grievance Process (SCDJJ Policy 920), which any staff member will provide. A youth may also call any outside agency or entity involved with ensuring the safety of children, including Protection and Advocacy for the Handicapped or the Department of Social Services.

SCDJJ Policy 336, Application of the PREA Standards, Section E, Youth Reporting, Subsection 1. (effective 05/06/2021), page 6 states youth who allege sexual harassment or sexual abuse can report the event(s) in many ways. Youth can report to any employee, volunteer, contractor, or third-party advocate, file a grievance with the Youth Grievance and Family Relations Department (JFR), fill out a sick call form, or communicate through writing or calling a provided child advocacy center. [PREA Standard(s) §115.351 (a)(b)].

By examination of the SCDJJ reporting brochure, this Auditor confirmed that youth at intake are provided in English and Spanish PREA-related sexual abuse and sexual harassment reporting information and contact information for emotional support for sexual abuse if they need it. Random and targeted youth all confirm that language provided during youth education was age-appropriate and understandable to most youths' reading levels. This Auditor conducted informal conversations with youth in each living unit to confirm the readability and accessibility of signage throughout the facility.

During the facility tour, the Auditor noticed PREA-related posters and emotional support information displayed in living units and common areas accessible to staff, youth, and visitors. These materials explain the various methods available for reporting incidents of sexual abuse and harassment. This signage's font size, format, and placement are designed to be accessible to a broad audience, including individuals of average height, those with low vision or visual impairments, and those who are physically disabled or using wheelchairs. The Auditor found no signage obscured or made unreadable by graffiti or vandalism. Information on civil immigration is also provided in the youth library. Additionally, the Auditor verified that the signage related to reporting sexual abuse and harassment was accurate and consistent throughout the facility. All audit notices pertained to the current audit, and the Auditor's contact details were uniform and accurate and included names, addresses, and phone numbers. The information regarding third-party reporting was likewise found to be correct and consistent across the facility.

Contact information for the South Carolina Law Enforcement Division (SLED) was displayed on each living unit. The information was accurate and consistent throughout the facility (e.g., audit notices are relevant to the current audit; contact information is consistent for the service provider/organization name(s), addresses, and phone number(s)).

PO Box 21398, Columbia, SC 29221

Other reporting methods include reports made anonymously:

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or a sick call slip
- Report to the Validation Administrator or PREA Compliance Manager
- Tell a family member, friend, legal counsel, or anyone outside the facility. They can report on your behalf by calling (866) 313-0073.
- Parole/Probation officer

Family and friends can also submit a report on someone else's behalf, or someone at the facility can report for you using the methods listed here.

Calling Pathways to Healing at (803) 771-7273

Interviews with random and targeted youth (22) during the onsite portion of this audit found all youth were able to provide the Auditor with at least two methods of

	<p>reporting sexual abuse and sexual harassment to an outside entity such as SLED. SCDJJ provides all youth with the address to SLED during the intake process and orientation and continuously through posters displayed on each living unit and in common areas of the facility such as education, visitation, and dayroom on each living unit.</p> <p>By examination, this Auditor confirmed that SCDJJ distributes information on how to report youth sexual abuse or sexual harassment on behalf of a youth. Signage was specific to services, such as emotional support services and external reporting methods. External reporting language explicitly provides contact information for third-party reporting. Information for emotional support includes what programs and services are available for youth in need of emotional support for people who have experienced sexual abuse.</p> <p>This Auditor engaged in informal conversations with facility staff about signage and the availability of contact information for reporting sexual abuse and harassment, emotional support, the agency tip line, and third-party reporting. It is confirmed that this information is consistently displayed throughout the facility.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. Facility tour and site review 3. SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section E, Reporting Procedures, Subsection 1c, Youth (effective 05/06/2021). 4. SCDJJ Policy 336, Application of the PREA Standards, Section E, Youth Reporting, Subsection 1. (effective 05/06/2021). 5. Internet search of the SCDJJ webpage 6. Interview with Pathways to Healing 7. Attempted contact with SLED (2) 8. Interview with youth (22) <p>Conclusion:</p> <p>SCDJJ meets standards and complies in all material ways with 115.354 based on sampling and review of relevant documents.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.361 (a): The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or

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

PAQ 115.361 (a)-1 The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective May 06, 2021) pages 1-19.

PAQ 115.361 (a)-2 The agency requires all staff to report any retaliation against residents or staff who reported such an incident immediately and according to agency policy. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees, Subsection a, (effective May 06, 2021), page 4, states under both state law and SCDJJ policy, SCDJJ employees are required and have a duty to immediately report incidents they observe of actual or threatened sexual violence involving youth and staff sexual harassment of, or staff sexual misconduct with youth, and report information they receive from any source (youth, volunteer, parents, another employee). Reporting all such incidents will be consistent with SCDJJ Policies 322, Alleged Abuse and Neglect of a Youth, and 326, Reporting Events.

PAQ 115.361 (a)-3 The agency requires all staff to report immediately, and according to agency policy, any staff neglect or violation of responsibilities may have contributed to an incident or retaliation. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees, Subsection a, (effective May 06, 2021), page 4.

The Auditor interviewed random staff (11) about whether the agency mandates all employees to report any knowledge, suspicion, or information concerning incidents of sexual abuse or sexual harassment in a facility, any retaliation against residents or staff who reported such incidents, and instances of staff neglect or violations of responsibilities that might have led to an incident or retaliation. All confirmed positively. What is the agency's policy regarding reporting any information related to youth sexual abuse? Every staff member (11) interviewed agreed they were obliged to inform the shift supervisor or correctional managers immediately of any knowledge, suspicion, or information associated with an incident of sexual abuse.

115.361 (b): The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

115.361 (b)-1 The agency requires all staff to comply with any applicable mandatory child abuse reporting laws. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees, Subsection a (effective May 06, 2021), page 4, states that an employee may also

report such incidents to any outside agency or entity involved with ensuring the safety of children, including Protection and Advocacy for the Handicapped and the Department of Social Services.

Interviews with random staff (11) all confirmed SCDJJ employees are required and have a duty to immediately report incidents they observe of actual or threatened sexual violence involving youth and staff sexual harassment of, or staff sexual misconduct with youth, and report information they receive from any source (youth, volunteer, parents, another employee). Reporting all such incidents will be consistent with SCDJJ Policies 322, Alleged Abuse and Neglect of a Youth, and 326, Reporting Events.

115.361 (c): Apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.

115.361 (c)-1 Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees, Subsection b (effective 05/06/2021), page 4, states that All staff will accept reports made verbally, in writing, anonymously, and/or from third parties and promptly document all verbal reports. Staff will not reveal information related to sexual abuse to anyone apart from designated supervisors other than to the extent necessary to make treatment, investigation, and other security and management decisions.

115.361 (d): (1) Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials according to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. (2) Such practitioners shall be required to inform residents of their duty to report at the initiation of services and the limitations of confidentiality.

Interviews with a medical and mental health practitioner during the audit period confirmed that each is required to report sexual abuse to designated shift supervisors and officials according to paragraph (a) of this section and to the designated State or local services agency where mandated by reporting laws. Additionally, these practitioners confirmed in separate interviews their obligation to inform youth at the start of services about their duty to report and the limitations of confidentiality. Electronic medical records corroborated discussions with a sample of youth regarding confidentiality and the duty to report.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees, Subsection e, (effective 05/06/2021) page 4, states medical and mental health

practitioners are required to report sexual abuse to designated supervisors as well as to any state or local service agencies as required by mandatory reporting laws and are required to inform youth of their duty to report and limitations to confidentiality.

115.361 (e): (1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative within 14 days of receiving the allegation.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees, Subsection g. (effective 05/06/2021) page 5, states upon receiving an allegation that a youth was sexually abused while confined at another facility, the OJFR Coordinator or Facility Administrator who received the allegation shall notify the Facility Manager where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the notification. The person making the notification of the allegation to the Facility Manager shall document the allegation and notification on an event report and send the documentation to the Division of Investigative Services.

In an interview, the Validation Administrator/PREA Coordinator confirmed her understanding of the notification process according to Standard 115.361(e). This process entails notifying the appropriate agency office regarding allegations of sexual abuse or sexual harassment in other agencies or facilities.

Similarly, the Facility Administrator/Warden acknowledged his understanding of the notification process under Standard 115.361(e), which requires notifying the appropriate agency office concerning allegations of sexual abuse or sexual harassment in other agencies or facilities.

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

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees, Subsection a. (effective 05/06/2021) page 2. states that according to both state law and SCDJJ policy, SCDJJ employees are required and have a duty to immediately report incidents they observe of actual or threatened sexual violence involving youth and staff sexual harassment of, or staff sexual misconduct with youth, and report information they receive from any source (youth, volunteer, parents, another employee). Reporting all such incidents will be consistent with SCDJJ Policies 322, Alleged Abuse and Neglect of a Youth, and 326, Reporting Events. An employee may also report such incidents to any outside agency or entity involved with ensuring the safety of children, including Protection and Advocacy for the Handicapped and the

	<p>Department of Social Services.</p> <p>It is problematic, but according to the investigative division, samples of the investigative reports requested by the Auditor are forthcoming. This substandard requires corrective action.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2. Employees, Subsection a. (effective 05/06/2021) page 2. 3. SCDJJ Policies 322, Alleged Abuse and Neglect of a Youth 4. SCDJJ 326, Reporting Events. 5. Interview with random staff (11) 6. Interview with the Validation Administrator/PREA Coordinator 7. Interview with the Facility Administrator 8. Interview with a medical practitioner 9. Interview with a mental health practitioner <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. SCDJJ will provide the Auditor with investigations initiated during this reporting period. This writer will select a sample from these investigations to review and determine compliance with this standard. <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence used to make the compliance determination after the corrective action period, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.362 (a): When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p>PAQ 115.362 (a)-1 SCDJJ confirmed when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). Yes.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section G. Youth</p>

Supervision and Practices, Subsection 7 (effective 05/06/2021), page 9 states that if a facility staff member learns that a youth is subject to a substantial risk of imminent sexual abuse, the staff member will take immediate action, such as separating the youth from the accused and notifying a supervisor, to protect the youth and document the actions taken.

A review of the list of grievances, sexual abuse, and sexual harassment provided by the Validation Administrator/PREA Coordinator indicates that zero events reported by youth or staff met the criteria of substantial risk of imminent sexual abuse.

PAQ 115.362 (a)-2 SCDJJ confirmed that in the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse was 20.

By examination, the SCDJJ/Validation Administrator/PREA Coordinator provided a list of incidents/grievances (20) related to sexual abuse and sexual harassment for this reporting period. SCDJJ considers all allegations of sexual abuse or sexual harassment an urgent matter and takes immediate action in the form of a safety plan to protect the victim.

PAQ 115.362 (a)-3 SCDJJ confirmed that if the agency or facility made such determinations in the past 12 months, the average amount of time (in hours) that passed before taking action was zero.

In an interview, the Validation Administrator/PREA Coordinator confirmed that if the agency or facility made such determinations in the past 12 months, the average time before taking action was zero hours.

Similarly, the Facility Administrator verified that if any determinations were made in the past year, the facility acted immediately, with the average response time being zero hours.

PAQ 115.362 (a)-4 SCDJJ confirmed that without unreasonable delay (immediate), it would be the longest time passed before taking action. Immediate.

In an interview, the designated Agency Head/Chief of Staff confirmed that when the SCDJJ becomes aware of a youth being at significant risk of imminent sexual abuse, it will take immediate action to protect the youth.

Similarly, the Facility Administrator acknowledged that upon learning a youth is at substantial risk of imminent sexual abuse, the SCDJJ is committed to taking immediate protective measures.

In interviews, random staff (11) unanimously agreed that when the South Carolina Department of Juvenile Justice (SCDJJ) becomes aware of a youth being at significant risk of imminent sexual abuse, it is obligated to take immediate protective measures.

Evidence relied upon:

	<ol style="list-style-type: none"> 1. PAQ 2. SCDJJ list of incidents/grievances (20) related to sexual abuse and sexual harassment for this reporting period 3. Interview with random staff (11) 4. Interview with the Validation Administrator/PREA Coordinator 5. Interview with the Chief of Staff 6. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section G. Youth Supervision and Practices, Subsection 7 (effective 05/06/2021), page 9 <p>Conclusion:</p> <p>The narrative above includes a thorough discussion of all the evidence considered in determining compliance for this reporting period and the Auditor's sampling strategy, analysis, reasoning, and conclusions.</p>
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.363 (a): Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2, Employees, Subsection a., page 4 states that upon receiving an allegation that a youth was sexually abused while confined at another facility, the Youth Grievance and Family Support or Facility Administrator who received the allegation shall notify the Facility Manager where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the notification. The person making the notification of the allegation to the Facility Manager shall document the allegation and notification on an event report and send the documentation to the Safety and Law Enforcement Services.</p> <p>PAQ 115.363 (a)-2 SCDJJ indicated "yes" that the agency's policy also requires that the facility head notify the appropriate investigative agency.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section 2, Employees, Subsection a., (effective 05/06/2021), page 4 states that upon receiving an allegation that a youth was sexually abused while confined at another facility, the Youth Grievance and Family Support Coordinator or Facility Administrator who received the allegation shall notify the Facility Manager where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the</p>

notification. The person making the notification of the allegation to the Facility Manager shall document the allegation and notification on an event report and send the documentation to the Division of Investigative Services.

PAQ 115.363 (a)-3 SCDJJ confirmed that in the past 12 months, the number of allegations the facility received that a youth was abused while confined at another facility: was zero.

According to the Validation Administrator /PREA Compliance Coordinator, in the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero.

According to the Facility Administrator, in the past 12 months, the number of allegations the facility received that a youth was abused while confined at another facility was zero.

PAQ 115.363 (a)-4 SCDJJ states that no events occurred during this reporting period, making the facility's response to the allegations not applicable.

PAQ 115.363 (b): SCDJJ confirmed that such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2, Employees, Subsection a., page 4 states that upon receiving an allegation that a youth was sexually abused while confined at another facility, the Youth Grievance and Family Support Coordinator or Facility Administrator who received the allegation shall notify the Facility Administrator where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the notification. The person making the notification of the allegation to the Facility Administrator shall document the allegation and notification on an event report and send the documentation to the Safety and Law Enforcement Services.

PAQ 115.363 (c): SCDJJ confirmed that the agency shall document that it has provided such notification.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2, Employees, Subsection a., (effective 05/06/2021), page 4 states that upon receiving an allegation that a youth was sexually abused while confined at another facility, the Youth Grievance and Family Support or Facility Administrator who received the allegation shall notify the Facility Administrator where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the notification. The person making the notification of the allegation to the Facility Administrator shall document the allegation and notification on an event report and send the documentation to the Safety and Law Enforcement Services.

PAQ 115.363 (d): The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 2, Employees, Subsection a., (05/06/2021) page 4 states that upon receiving an allegation that a

	<p>youth was sexually abused while confined at another facility, the Youth Grievance and Family Support Coordinator or Facility Administrator who received the allegation shall notify the Facility Manager where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the notification. The person making the notification of the allegation to the Facility Manager shall document the allegation and notification on an event report and send the documentation to the Safety and Law Enforcement Services.</p> <p>During an interview with the Facility Administrator, he stated that no incidents occurred during this reporting period, necessitating notification to other confinement facilities.</p> <p>During an interview with the agency designated agency head for purposes of this audit, the agency head stated that no incidents occurred during this reporting period necessitating notification to other confinement facilities.</p> <p>During an interview with the Validation Administrator/PREA Coordinator, the Validation Administrator/PREA Coordinator stated that no incidents occurred during this reporting period that necessitated notification to other confinement facilities.</p> <p>Evidence relied upon;</p> <ol style="list-style-type: none"> 1. PAQ 2. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, (effective 05/06/2021), page 4 3. Interview with the Facility Administrator 4. Interview with the Validation Administrator/PREA Coordinator <p>Conclusion:</p> <ol style="list-style-type: none"> 1. SCDJJ met this standard and complied with it in all material ways during the relevant review period. The narrative above includes a comprehensive discussion of all the evidence used to make the compliance determination after the corrective action period, the Auditor's analysis and reasoning, and the Auditor's conclusions.
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.364 (a): Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

PAQ 115.364 (a)-1 SCDJJ, the agency has a first responder policy for allegations of sexual abuse.

SCDJJ Policy 321 Prevention of Sexual Abuse Toward Youth, Section H. Response to an Alleged Sexual Violent Act, (effective 05/06/2021) pages 9-13, indicates actions such as directing the facility SCDJJ employees will promptly and properly respond to all allegations involving youth as follows:

1. Report of a Sexual Violence in a SCDJJ Facility

a. Upon receiving a report of an alleged youth toward youth or staff toward youth sexual violent event, the on-duty Supervisor will ensure that tasks listed in this subsection are carried out and documented:

PAQ 115.364 (a)-2 SCDJJ policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser answered 20.

SCDJJ Policy 321 Prevention of Sexual Abuse Toward Youth, Section H. Response to an Alleged Sexual Violent Act, Subsection a, (effective 05/06/2021) page 4, according to both state law and SCDJJ policy, SCDJJ employees are required and have a duty to immediately report incidents they observe of actual or threatened sexual violence involving youth and staff sexual harassment of, or staff sexual misconduct with youth, and report information they receive from any source (youth, volunteer, parents, another employee). Reporting all such incidents will be consistent with SCDJJ Policies 322, Alleged Abuse and Neglect of a Youth, and 326, Reporting Events. An employee may also report such incidents to any outside agency or entity involved with ensuring the safety of children, including Protection and Advocacy for the Handicapped and the Department of Social Services.

By examination, this Auditor reviewed the JDC List of incidents/grievances related to sexual abuse and sexual harassment for this reporting period.

PAQ 115.364 (a)-3 SCDJJ, the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, answered zero.

By examination, this Auditor reviewed the JDC List of incidents/grievances related to sexual abuse and sexual harassment for this reporting period.

SCDJJ Policy 321 Prevention of Sexual Abuse Toward Youth, Section H. Response to an Alleged Sexual Violent Act, (effective 05/06/2021) pages 9-13, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.

PAQ 115.364 (a)-4 The longest time passed (in hours or days) before taking action (please note if the response is in hours or days). Immediate.

SCDJJ Policy 321 Prevention of Sexual Abuse Toward Youth, Section H. Response to an Alleged Sexual Violent Act, Subsection g, (effective 05/06/2021) page 5 requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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.

The first security staff member to respond to the report must answer yes immediately.

SCDJJ Policy 321 Prevention of Sexual Abuse Toward Youth, Section H. Response to an Alleged Sexual Violent Act, Subsection g, (effective 05/06/2021) page 5, states upon receiving an allegation that a youth was sexually abused while confined at another facility, the Youth Grievance and Family Support Coordinator or Facility Administrator who received the allegation shall notify the Facility Administrator where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the notification. The person making the notification of the allegation to the Facility Administrator shall document the allegation and notification on an event report and send the documentation to the Safety and Law Enforcement Services.

PAQ 115.364 (a)-5 SCDJJ policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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 .answered yes

SCDJJ Policy 321 Prevention of Sexual Abuse Toward Youth, Section H. Response to an Alleged Sexual Violent Act, Subsection d. (effective 05/06/2021), page 11 indicates that SCDJJ Health Services will determine the specific action to be taken by facility staff for the youth's health treatment according to health services protocols. If Health Services determines that the youth victim is to be sent to the emergency room and the incident is in the Columbia area, Health Services will arrange to have the youth victim transported to the community hospital emergency room for services. If Health Services determines that the youth victim is to be sent to the

emergency room and the incident is out of the Columbia area, SCDJJ Health Services will direct the facility to arrange for the youth victim to be transported to the community hospital emergency room for services.

115.364 (b): If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim refrain from taking any actions that could destroy physical evidence and then notify security staff.

PAQ 115.364 (b)-1 SCDJJ Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.

SCDJJ Policy 321 Prevention of Sexual Abuse Toward Youth, Section H. Response to an Alleged Sexual Violent Act, Subsection 13, (effective 05/06/2021) page 11, states that if the first responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence and then they should notify security staff.

PAQ 115.364 (b)-2 SCDJJ Agency policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.

SCDJJ Policy 321 Prevention of Sexual Abuse Toward Youth, Section H. Response to an Alleged Sexual Violent Act, (effective 05/06/2021) page 11, first staff responder is not a security staff member, that responder shall be required to notify security staff.

Interviews with non-security staff confirmed that if they were the first responders, they must request the alleged victim preserve physical evidence and then notify security staff.

PAQ 115.364 (b)-3 SCDJJ confirmed that of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero.

PAQ 115.364 (b)-4 SCDJJ confirmed that of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence was zero.

During interviews with random security staff (11), if as a first responder all confirmed that the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensures 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.

During an interview with a potential non-security staff first responder, it was confirmed that SCDJJ mandates that the non-security first responder ask the alleged victim to preserve physical evidence and then notify security staff.

	<p>PAQ 115.364 (b)-5 SCDJJ confirmed that of those allegations first responded to by a non-security staff member, the number of times that staff member notified security staff was zero.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. Interview with the Agency Head (designee, Chief of Staff 3. Interview with the Facility Administrator 4. Interview with random staff (11) 5. SCDJJ Policy 321 Prevention of Sexual Abuse Toward Youth, Section H. Response to an Alleged Sexual Violent Act, (effective 05/06/2021). 6. Interview with a first responder (1) 7. Interview with a security first responder (1) 8. JDC List of incidents/grievances related to sexual abuse and sexual harassment for this reporting period. <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. SCDJJ will provide this Auditor access to all investigative reports initiated during this reporting period. Documentation of responses to allegations. 2. The Auditor will review a sample of youth investigations into reported sexual abuse from this period to ensure compliance with the standard. The documented evidence from this review period will demonstrate compliance. <p>Conclusion:</p> <p>The narrative above includes 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.</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.365 (a): The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>PAQ 115.365 (a)-1 SCDJJ The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first</p>

responders, medical and mental health practitioners, investigators, and facility leadership.

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

SCDJJ Policy 336 Application of the PREA Standards, Section F., Coordinated Response Following a Youth Report, Subsection 7, (05/06/2021), page 8 indicates that all SCDJJ facilities will develop a written institutional sexual abuse coordinated response plan that is under SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth. Each SCDJJ Facility Administrator will ensure the members of their Facility's Sexual Assault Response Team are aware of their role(s) and are active participants in the Facility's response to allegations of sexual offenses. All facility staff assigned to each facility in any capacity will be informed and trained on the facility's coordinated response plan in a timely manner from the date of its publication or update. [PREA Standard(s) §115.365]. After reviewing SCDJJ Policy 336 Application of PREA Standard, Section F. page 8, number 7, this Auditor determined that SCDJJ complies.

The Facility Administrator confirmed that there is a plan in place to coordinate actions in response to an incident of sexual abuse among staff, first responders, medical and mental health practitioners, investigators, and facility leadership. The agency head (designee) stated that all facilities must develop a similar plan.

Evidence relied upon:

1. PAQ
2. SCDJJ Policy 336 Application of the PREA Standards, Section F., Coordinated Response Following a Youth Report, Subsection 7, (effective 05/06/2021).
3. SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth (effective 05/06/2021).
4. SCDJJ Form 321C Safety Plan/Institutional Plan
5. Interview with the Facility Administrator

Corrective Action:

1. To comply, each facility must have an institutional plan (not merely an agency-wide one).
2. The facility will submit an institution plan specific to the audited facility.

Conclusion:

The narrative above includes a comprehensive discussion of all the evidence used to determine compliance after the corrective action period, the Auditor's analysis and reasoning, and the Auditor's conclusions.

115.366	Preservation of ability to protect residents from contact with abusers
	<p data-bbox="279 235 981 268">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 311 564 344">Auditor Discussion</p> <p data-bbox="279 387 1469 629">115.366 (a): Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p data-bbox="279 667 1458 826">PAQ 115.366 (a)-1 SCDJJ The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012 or the last PREA audit, whichever is later answered no.</p> <p data-bbox="279 864 1469 943">According to the Validation Administrator/PREA Coordinator, SCDJJ has not entered any collective bargaining agreements. Therefore, this substandard is not applicable.</p> <p data-bbox="279 981 1469 1097">During an interview with the agency head (designee) (Chief of Staff) and the Facility Administrator, both confirmed that SCDJJ had not entered any collective bargaining agreements. Therefore, this substandard is not applicable.</p> <p data-bbox="279 1135 1481 1417">115.366 (b): Nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.372 and 115.376; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p data-bbox="279 1456 981 1489">The Auditor is not required to audit this provision.</p> <p data-bbox="279 1527 625 1561">Evidence relied upon:</p> <ol data-bbox="341 1632 1251 1792" style="list-style-type: none"> 1. PAQ 2. Interview with the Facility Administrator 3. Interview with the Validation Administrator/PREA Coordinator 4. Interview with the Chief of Staff <p data-bbox="279 1830 464 1863">Conclusion:</p> <ol data-bbox="341 1935 1458 2013" style="list-style-type: none"> 1. SCDJJ met this standard and complied with it in all material ways during the relevant review period.

115.367	Agency protection against retaliation
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1437 544">115.367 (a): The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p data-bbox="279 577 1465 701">PAQ 115.367 (a)-1 The agency has 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.</p> <p data-bbox="279 734 1345 813">SCDJJ Policy 336, Application of the PREA Standards, Coordinated Response Following a Youth Report (effective 05/06/2021), pages 1-13.</p> <p data-bbox="279 846 1401 925">SCDJJ Policy 321, Prevention of Sexual Offenses Towards Youth (effective 05/06/2021), pages 1-19.</p> <p data-bbox="279 958 1477 1249">SCDJJ confirmed that the agency has 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 (See South Carolina Department of Juvenile Justice PREA RETALIATION MONITORING FORM and SCDJJ Policy 336 Application of the PREA Standards, Coordinated Response Following a Youth Report and SCDJJ Policy 321, Prevention of Sexual Offenses Towards Youth support this standard).</p> <p data-bbox="279 1283 1445 1361">PAQ 115.367 (a)-2 SCDJJ confirmed that the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Yes.</p> <p data-bbox="279 1395 1474 1641">During the on-site audit, the Auditor interviewed the Agency Head (designee) and Chief of Staff, who confirmed that SCDJJ had 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. They have also designated specific staff members or departments responsible for monitoring and addressing retaliation.</p> <p data-bbox="279 1675 1433 1921">During the audit process, the Auditor interviewed the Facility Administrator, who confirmed that SCDJJ/facility has also 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. They have designated specific staff members or departments charged with monitoring retaliation.</p> <p data-bbox="279 1955 1461 2078">During the audit, the Auditor interviewed the designated staff member in charge of monitoring. The monitor confirmed their responsibility to monitor youth and staff who report sexual abuse or sexual harassment or cooperate with investigations to</p>

protect them from retaliation by other residents or staff. The monitor shall also designate which staff members or departments are charged with monitoring retaliation.

During the facility tour, this auditor toured youth with restricted status. According to the Facility Administrator, zero youths were on restricted status for protection from retaliation or protection from sexual abuse or risk of sexual victimization/who allege to have suffered sexual abuse.

According to the roster of grievances, no one who reported sexual abuse was present at the facility. Problematic investigative reports were excluded from the body of evidence provided by the agency. According to the investigative division, the investigation for review is forthcoming.

SCDJJ Policy 336, Application of the PREA Standards, Coordinated Response Following a Youth Report, Procedural Guidelines, Section A, Preventive Planning, Subsection 3, (effective 05/06/2021) page 1 indicates that for each facility SCDJJ operates and contracts with, a facility Validation Administrator/PREA Coordinator shall be designated and will have the authority to oversee the facility's day to day PREA compliance efforts and will serve as the facility's liaison on all matters concerning PREA within that institution. [PREA Standard(s) §115.311].

SCDJJ Policy 336, Application of the PREA Standards, Coordinated Response Following a Youth Report, Section F. Coordinated Response Following a Youth Report, Subsection 8, (effective 05/06/2021) page 8, states under SCDJJ Policy 321, Prevention of Sexual Offenses Towards Youth, all Facility Administrators will ensure that all youth, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days or while maintained within the same facility. Monitoring will be documented and filed for auditing purposes. [PREA Standard(s) §115.367].

SCDJJ Policy 321, Prevention of Sexual Offenses Towards Youth, Section I, Protection of Youth Victims and Reporters, Subsection 1, Victims and Perpetrators, (05/06/2021) page 14 indicates that the 3. The YGFS Coordinator and/or Facility Administrator shall monitor for retaliation for at least 90 days (or longer if the initial monitoring indicates a continuing need). They will act promptly to remedy any retaliation. The YGFS Coordinator and/or Facility Administrator shall monitor youth disciplinary reports, housing or program changes, negative performance reviews, and staff reassignments. The YGFS will utilize housing changes or transfers for youth victims or abusers, removal of alleged staff or youth abusers from contact with the victim, and/or emotional support services for youth or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

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

115.367 (c): For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. The agency should monitor resident disciplinary reports, housing or program changes, negative performance reviews, or reassignments. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

PAQ 115.367 (c)-1 SCDJJ The agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. Yes.

SCDJJ Policy 336 Application of the PREA Standards, Coordinated Response Following a Youth Report, Subsection 8, (effective 05/06/2021), page 8, indicates that in accordance with SCDJJ Policy 321, Prevention of Sexual Offenses Towards Youth, all Facility Administrators will ensure that all youth, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days or while maintained within the same facility. Monitoring will be documented and filed for auditing purposes. [PREA Standard(s) §115.367].

PAQ 115.367 (c)-2 SCDJJ confirmed "yes" to the minimal length of time that the agency/facility monitors the conduct or treatment, which is 90 days.

PAQ 115.367 (c)-3 SCDJJ answered "yes" to the fact that the agency/facility acts promptly to remedy such retaliation. Yes.

SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021) page 1, indicates that The South Carolina Department of Juvenile Justice (SCDJJ or Agency) has a zero-tolerance standard for youth on-youth sexual abuse or any form of staff sexual harassment or staff sexual misconduct with a youth. This policy follows the Federal Prison Rape Elimination Act (PREA), Youth Facility Standards, which sets standards for preventing, detecting, and reporting sexual abuse and sexual harassment. SCDJJ will establish a PREA Program with a Standards Manager responsible for overseeing the Agency's PREA compliance efforts. The Agency will promptly respond to and investigate all allegations/reports of sexual abuse involving youth and staff sexual harassment of or staff sexual misconduct with a youth. SCDJJ will cooperate with and support prosecuting all responsible parties involved in such conduct.

PAQ 115.367 (c)-4 SCDJJ The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Yes.

SCDJJ Policy 336 Application of the PREA Standards, Coordinated Response Following a Youth Report, Subsection 8, (effective 05/06/2021) page 8, indicates that in accordance with SCDJJ Policy 321, Prevention of Sexual Offenses Towards Youth, all Facility Administrators will ensure that all youth, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days or while

maintained within the same facility. Monitoring will be documented and filed for auditing purposes. [PREA Standard(s) §115.367].

PAQ 115.367 (c)-5 The number of times an incident of retaliation occurred in the past 12 months: SCDJJ omitted entering the number of times an incident occurred in the past 12 months

SCDJJ omitted evidence of retaliation monitoring for reported sexual abuse during this reporting period. It should be noted that the SCDJJ facility interdisciplinary team consistently developed Safety Plans for youth who reported sexual abuse. Included in the Safety Plan was language for designated clinical staff to conduct retaliation monitoring of the victim. This Auditor found little evidence of retaliation monitoring occurring during this reporting period. This requires corrective action.

115.367 (d): In the case of residents, such monitoring shall also include periodic status checks.

SCDJJ Policy 321 Prevention of Sexual Offenses Towards Youth, Section I. Protection of Youth Victims and Reporters, Subsection 1 (4), Victims and Perpetrators, (effective 05/06/2021) page 14, states in the case of youth, monitoring will include periodic status checks. If any other individual who cooperates with the investigation expresses a fear of retaliation, the YGFS Coordinator and/or Facility Administrator will take appropriate measures to protect that individual against retaliation.

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

SCDJJ Policy 321 Prevention of Sexual Offenses Towards Youth, Section I. Protection of Youth Victims and Reporters, Subsection 1 (4), Victims and Perpetrators (effective 05/06/2021), page 14, states that in the case of youth, monitoring will include periodic status checks. If any other individual who cooperates with the investigation expresses a fear of retaliation, the OJFR Coordinator and/or Facility Administrator will take appropriate measures to protect that individual against retaliation.

115.367 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Evidence relied upon:

1. PAQ
2. SCDJJ Policy 321 Prevention of Sexual Offenses Towards Youth, Section I. Protection of Youth Victims and Reporters, Subsection 1 (4), Victims and Perpetrators (effective 05/06/2021), page 14
3. SCDJJ Policy 336 Application of the PREA Standards, Coordinated Response Following a Youth Report, Subsection 8, (effective 05/06/2021) page 8
4. Interview with the Agency Head (designee)
5. Interview with the Facility Administrator
6. Interview with the staff charged with retaliation monitoring

	<ol style="list-style-type: none"> 7. Facility tour, including segregation 8. Memorandum from the Deputy Director of the Facility Rehabilitation and Health Services <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. SCDJJ will develop a plan of action to address retaliation monitoring for all youth who report sexual abuse. The Deputy Director of the Facility Rehabilitation and Health Services will issue a directive that will be sent to all clinical directors and supervisors reminding them of their responsibility to monitor for retaliation for at least 90 or until the youth departs the facility. Within 6 months, the Deputy Director will work with Policy Management to refine form 911A, Clinical Crisis Intervention Referral, and highlight an area specifically notating to “begin retaliation monitoring.” Follow-up PREA training will be scheduled with a representative from the Office of the Validation Administrator/PREA Coordinator with respective facilities and/or clinicians as needed. This Auditor will monitor for compliance during the corrective action period. 2. Update: The SCDJJ newly appointed Deputy Director of the Facility Rehabilitation and Health Services issued a corrective action plan to address retaliation monitoring on 12/05/2024, effective immediately. <p>Conclusion:</p> <p>The narrative above includes 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.</p>
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115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.368 (a): Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.</p> <p>PAQ 115.368 (a)-1 SCDJJ/facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. Yes.</p> <p>SCDJJ Policy 336 Application of the PREA Standards, Section G, Youth Supervision and Security Practices, Subsection 3 (effective 05/06/2021), page 5, states that youth will be assigned to isolation/segregation only as a last resort. Security practices will be consistent with SCDJJ Policy 323, Isolation of Youth, when housed in</p>

isolation. If a youth is isolated from other youth, the Facility Multidisciplinary Team will document the basis for concern for the youth's safety and the reason no other alternative means of separation could be arranged. The Multidisciplinary Team will meet at a minimum of every 30 days to review all youth assigned to isolation/segregation to determine the need for continued isolation/segregation.

PAQ 115.368 (a)-2 SCDJJ The facility policy requires that residents who are placed in isolation because they allege to have suffered sexual abuse have access to legally required educational programming, special education services, and daily large-muscle exercise. Yes.

SCDJJ Policy 336 Application of the PREA Standards, Section G, Youth Supervision and Security Practices, Subsection 3, (effective 05/06/2021) page 5.

SCDJJ Policy 918 Juvenile Rights and Responsibilities, Policy, page 1, indicates that youth under the supervision of the South Carolina Department of Juvenile Justice (SCDJJ) will be protected from discrimination based on age, race, national origin, color, sexual orientation, religion, gender, and disability. All youth will have equal access to programs and activities. All youth will be treated respectfully, fairly, and impartially. A youth who believes that his or her rights set forth in this policy have been violated may seek relief through the SCDJJ's youth grievance process. All youth will receive a copy of these rights and responsibilities at admission. A copy of these rights and responsibilities (Attachment 918A) can be found in the SCDJJ Juvenile Handbook.

SCDJJ Policy 918 Youth Rights and Responsibilities, Procedural Guidelines, Section A (10). SCDJJ recognizes the following youth rights: Page 2 indicates youth have the right to attend educational instruction and programs as security permits.

PAQ 115.368 (a)-3 SCDJJ confirms the number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months was zero.

PAQ 115.368 (a)-4 SCDJJ confirms the number of residents who allege to have suffered sexual abuse, who were placed in isolation, who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: was zero.

PAQ 115.368 (a)-5 SCDJJ confirms the average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months was not applicable.

PAQ 115.368 (a)-6 SCDJJ confirms that from a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, zero as the number of case files that include BOTH:

- A statement of the basis for the facility's concern for the resident's safety, and
- The reason or reasons why alternative means of separation cannot be arranged

PAQ 115.368 (a)-7 SCDJJ, if a resident who alleges to have suffered sexual abuse is held in isolation, the facility affords each such resident a review every 30 days to

determine whether there is a continuing need for separation from the general population.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section G, Subsection 3, (effective 05/06/2021), page 8 indicates that youth will be assigned to isolation/segregation only as a last resort. Security practices will be consistent with SCDJJ Policy 323, Isolation of Youth, when housed in isolation. If a youth is isolated from other youth, the Facility Multidisciplinary Team will document the basis for concern for the youth's safety and why no alternative means of separation could be arranged. The Multidisciplinary Team will meet at a minimum of every 30 days to review all youth assigned to isolation/segregation to determine the need for continued isolation/segregation.

During an interview with the Facility Administrator, he confirmed that if a youth who alleges to have suffered sexual abuse is held in isolation, the facility affords each such youth a placement review every 30 days to determine whether there is a continuing need for separation from the general population.

During the reporting period, this Auditor interviewed the facility's PREA Compliance Manager, who confirmed that zero youth were held in isolation for risk of victimization.

During this Auditor's interview with a medical practitioner, she confirmed as a member of the Facility Multidisciplinary Team, if a youth is isolated from other youth, the Facility Multidisciplinary Team will document the basis for concern for the youth's safety and the reason no other alternative means of separation could be arranged. The Multidisciplinary Team will meet at a minimum of every 30 days to review all youth assigned to isolation/segregation to determine the need for continued isolation/segregation. Further, at least daily, a medical team member visits youth placed in isolation. All visits are documented in the unit logbook.

During an interview with a mental health practitioner, she confirmed as a member of the Facility Multidisciplinary Team, if a youth is isolated from other youth, the Facility Multidisciplinary Team will document the basis for concern for the youth's safety and the reason no other alternative means of separation could be arranged. The Multidisciplinary Team will meet at a minimum of every 30 days to review all youth assigned to isolation/segregation to determine the need for continued isolation/segregation. Further, youth placed in isolation are visited by a mental health member at least daily. All visits are documented in the unit logbook.

The Auditor also interviewed staff who Supervise Residents in Isolation. The supervisor indicated when a youth is placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse; they still have access to programs, privileges, education, and large muscle exercises. Opportunities to work would be limited. Further, if the facility restricts programs, privileges, education, and large muscle exercises, the said restriction would be documented in the unit logbook.

The facility tour included some youths concerned about room restrictions in their

	<p>living unit. According to the Facility Administrator, zero youth on room restriction were a result of the risk of victimization or because the youth alleged to have suffered sexual abuse. It should be noted that the facility displayed an explanation for each youth on room restriction.</p> <p>According to the Validation Administrator/PREA Coordinator, during this reporting period, zero youth were held in isolation who alleged to have suffered sexual abuse or were held in isolation as a result of the risk of victimization. Further, she indicated if youth were held in isolation due to alleging to have suffered sexual abuse. The agency/facility would record the event, the youth's access to medical and mental health services, legally required education, special education services, and other programs and work opportunities.</p> <p>This Auditor reviewed zero thirty-day reviews (See PAQ 115.368 (a) 3 and 4).</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. Facility tour to include segregation 3. SCDJJ Policy 323, Isolation of Youth 4. SCDJJ Policy 918 Youth Rights and Responsibilities 5. SCDJJ Policy 336 Application of the PREA Standards 6. Interview with the PREA Compliance Manager 7. Interview with a medical practitioner 8. Interview with a mental health practitioner 9. Interview with the Facility Administrator 10. Interview with staff who supervise isolation <p>Conclusion:</p> <p>The narrative above includes a comprehensive discussion of all the evidence used to determine compliance after the corrective action period, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.371 (a): When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>PAQ 115.371 (a)-1 SCDJJ The agency/facility has a policy related to criminal and</p>

administrative agency investigations.

SCDJJ Policy 328 Investigations, (effective 01/15/2024) pages 1-12;

SCDJJ Policy 328 Investigations, Policy, pages 1-12, states that comprehensive and fair investigatory processes are crucial to the South Carolina Department of Juvenile Justice's (SCDJJ's) agency and facility operation. Youth, employees, and citizens must have faith in the investigative process. When alleged violations of policies and procedures or other criminal law violations occur, they must be **promptly and objectively investigated** to ensure safe and secure living and working environments for youth and employees and to reinforce that the agency takes complaints and allegations seriously.

In order to provide a safe and secure environment for youth and employees, as well as to preserve the integrity of the agency, it is the policy of SCDJJ to implement a comprehensive, **prompt**, and **fair investigatory process** when alleged violations of criminal law or SCDJJ policies and procedures occur. The Safety and Law Enforcement Services will receive complaints, allegations, and grievances through verbal and written reports from employees, youth, volunteers, and third parties. Each report will be reviewed and when appropriate, classified as an administrative and/or criminal investigation and thoroughly investigated and documented. Statistical information will be maintained for review and reference.

This substandard requires corrective action. Samples of investigative records, Event Reports, and Safety Plans for allegations of sexual abuse or sexual harassment were absent from the body of evidence during the interim review period. Investigative documents were provided on 10/17/24 for review.

Due to organizational changes within the investigative division, the investigation of PREA-related cases fell behind. Investigations into reported sexual abuse and sexual harassment were not promptly investigated. Further, from a review of PREA-related investigations, SCDJJ failed to take into account and document if the alleged abuser had a history of sexual abuse, which is a PREA requirement.

115.371 (b): Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

SCDJJ Policy 328 Investigations, Procedures, Section A., Investigations Training, Subsection 1, Page 3 states that all employees who investigate criminal and administrative incidents and events, including supervisory investigative staff, shall be **trained annually** in the **prompt, thorough, and independent investigation** of allegations of youth-on-youth physical harm, inappropriate use of force, and inappropriate use of isolation.

SCDJJ Policy 328 Investigations, Procedures, Section A., Investigations Training, Subsection 2, Page 3 states that the Facility Administrator (FA) and other facility **security supervisory staff shall be trained in the investigation process and the importance of thorough documentation of incidents and video**

retention.

In the on-site audit, the Auditor interviewed the Captain/Internal Integrity Administrator. The investigator confirmed receiving training specifically for conducting sexual abuse investigations in confinement settings. The specialized training covered topics such as techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, and sexual abuse evidence collection in confinement settings [115.34]. The investigator explained the initial steps in initiating an investigation, the timeline for beginning the process, and that anonymous and third-party reports of sexual abuse would be investigated using the same methodology. However, samples of investigative records or event reports for allegations of sexual abuse or sexual harassment were absent. This substandard requires corrective action.

SCDJJ provided a sample of investigative (5) training records in accordance with Standard 115.34, Specialized Training for Investigators. However, samples of investigative records or event reports for allegations of sexual abuse or sexual harassment were absent, which is a concern. This substandard requires corrective action.

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

During the on-site audit, the Auditor interviewed the Captain/Internal Integrity Administrator. The investigator confirmed that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall **interview alleged victims, suspected perpetrators, and witnesses;** and shall **review prior complaints and reports of sexual abuse involving the suspected perpetrator.**

115.371 (d): The agency shall not terminate an investigation solely because the source of the allegation recants the allegation.

SCDJJ Policy 328 Investigations, Section 5, Investigations shall prepare written reports of investigations, Subsection f, page 10, states in the case where a youth withdraws an allegation, states a desire not to prosecute a criminal matter, declines to be interviewed about the allegations, or refuses to write a statement, this will not be used as the sole reason to terminate an investigation. In such cases, the investigator will make an effort to determine the reason for the withdrawal or refusal and include the reason in the final investigation.

PAQ 115.371 (d)-1 SCDJJ confirmed that the agency does not terminate an investigation solely because the source of the allegation recants the allegation.

SCDJJ Policy 328 Investigations, Section 5, Investigations shall prepare written

reports of investigations, Subsection f, page 10, states in the case where a youth withdraws an allegation, states a desire not to prosecute a criminal matter, declines to be interviewed about the allegations, or refuses to write a statement, this will not be used as the sole reason to terminate an investigation. In such cases, the investigator will make an effort to determine the reason for the withdrawal or refusal and include the reason in the final investigation.

115.371 (e): SCDJJ confirmed that when the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle to a subsequent criminal prosecution.

During an interview with an investigator, he confirmed that as an investigator, when the quality of evidence appears to support a criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle to a subsequent criminal prosecution.

115.371 (f): SCDJJ confirmed that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

SCDJJ Policy 328 Investigations, Section E. Criminal Investigations, Subsection 5, page 6, states that polygraphs can be used as an investigative tool, but suspects cannot be compelled to submit to a polygraph.

SCDJJ Policy 328 Investigations, Section G, Additional Investigation Procedure, Subsection 2, page 8, all employees are required to be truthful and fully cooperate with investigations. A polygraph can be used as an investigative tool, but alleged suspects in a criminal investigation cannot be compelled to submit to a polygraph. In alleged sexual abuse cases involving youth victims, the victim will not be polygraphed as a condition of proceeding with the investigation. Interviews with random and targeted (22) youth deny ever being polygraphed by SCDJJ.

During an interview with an investigator, he confirmed that the credibility of an alleged victim, suspect, or witness shall be assessed individually and not determined by the person's status as youth or staff. No agency shall require a youth who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

115.371 (g): Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

SCDJJ Policy 328 Investigations, Section H, Privacy, Subsection 3, page 11, indicates

that completed Criminal and Internal Integrity files (physical and electronic) will be maintained and secured by the ERS Coordinator. Completed PREA files (physical and/or electronic) are maintained and secured by the Major/Director of Criminal Investigation for Safety and Law Enforcement Services. Anyone seeking to access such files without proper authorization will be subject to disciplinary action/criminal action. 4. Access to the records is limited to the SCDJJ Executive Director, Chief of Staff, Legal Counsel, Office of the Inspector General Staff; and Office of Human Resources Staff.

SCDJJ Policy 328 Investigations, Section G., Additional Investigation Procedure, Subsection 4, page 9, 4g. investigations shall be detailed, complete, and in accordance with the following format such as: Investigators shall use all evidence sources available to them, including logbooks, documents, and video. The assigned investigator will request any video footage of the incident within three days of receiving the allegation. The investigator will note the date of the request in the investigator's final investigative report.

SCDJJ Policy 328 Investigations, Section H, Privacy, Subsection 5 states that investigative records, including video and interview notes, will be maintained for 7 years from the completion of the investigation and then destroyed.

Problematic, a select sample of investigation reports was absent. This substandard requires corrective action.

Record Storage

During the on-site audit, the auditor observed that physical storage was kept under lock and key. File cabinets were locked when not in use. Access to physical files at the facility was limited and dependent on the role and responsibility of the individual seeking access to files stored in a secure area. Computer access to sensitive information on an electronic platform requires prior approval based on the individual's role. Interviews with a medical and mental health practitioner confirmed that sensitive personal information is password-protected and requires administrative approval for limited access.

Informal conversations with the agency Validation Administrator/PREA Coordinator confirmed access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. (e.g., where, how, and security of information is stored electronically and in hard copy, specifically who has access and how access is restricted).

115.371 (h): Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

SCDJJ Policy 328 Investigations, Section E. Criminal Investigations, Subsection 6, 6. Criminal Investigators will document all investigative activity and findings by preparing a Final Investigative Report that will be reviewed by the Investigation Division Director and Inspector General before submission to the appropriate

Solicitor's Office.

During an interview with an investigator, he confirmed that criminal investigations would be documented. Documentation would include all investigative activity and findings by preparing a Final Investigative Report that will be reviewed by the Investigation Division Director and Inspector General before submission to the appropriate Solicitor's Office. It is unclear if criminal investigative reports exist for this reporting period. Problematic, a select sample of investigation reports was absent. This substandard requires corrective action.

115.371 (i): Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.

SCDJJ Policy 328, Investigations, Section E., Criminal Investigations, Subsection 6, page 6, indicates criminal Investigators will document all investigative activity and findings by preparing a Final Investigative Report that will be reviewed by the Investigation Division Director and Inspector General before submission to the appropriate Solicitor's Office. Other investigative agencies: any agency authorized by city, county, state, or federal government or mandated by court order to investigate allegations of wrongdoing, such as the South Carolina Law Enforcement Division (SLED). Serious incidents, as agreed upon following the Memorandum of Agreement (MOA) with SLED, will be reported by the Inspector General to SLED for investigation. Problematic, a select sample of investigation reports was absent. This substandard requires corrective action.

SCDJJ Policy 328, Section E., Criminal Investigations, D. INVESTIGATION ASSIGNMENT, Subsection 10. page 6, Allegations of institutional abuse and neglect that are alleged to have occurred in one of the five (5) secure SCDJJ facilities will be reported to SLED pursuant to S.C. Code Section 63-7-1220 and the SCDJJ/SLED MOU. This substandard requires corrective action.

PAQ 115.371 (i)-1 SCDJJ confirmed that substantiated allegations of conduct that appear to be criminal are referred for prosecution.

115.371 (j): The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention.

PAQ 115.371 (j)-1 SCDJJ confirmed that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

SCDJJ Policy 328 Investigations, Section H, Privacy, Subsection 3, page 11, states that completed Criminal and Internal Integrity files (physical and electronic) will be maintained and secured by the ERS Coordinator. Completed PREA files (physical and/or electronic) are maintained and secured by the Major/Director of Criminal

Investigation for Safety and Law Enforcement Services. Anyone seeking to access such files without proper authorization will be subject to disciplinary action/criminal action.

During an interview with an agency investigator, he confirmed that the ERS Coordinator will maintain and secure Criminal and Internal Integrity files (physical and electronic). Major/Director of Criminal Investigation for Safety and Law Enforcement Services will maintain and secure completed PREA files (physical and/or electronic). Anyone seeking to access such files without proper authorization will be subject to disciplinary action/criminal action.

115.371 (k): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

SCDJJ Policy 328 Investigations, Section G., Additional Investigation Procedure, Subsection 5f., page 10, states in cases where a youth withdraws an allegation, states a desire not to prosecute a criminal matter, declines to be interviewed about an allegation or refuses to write a statement, this will not be used as the sole reason to terminate an investigation. In such cases, the investigator will try to determine the reasons for the withdrawal or refusal and include the reason in their final investigative report.

115.371 (l): Any State entity or Department of Justice component that conducts such investigations shall do so under the above requirements.

The Auditor is not required to audit this provision.

115.371 (m): When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

During an interview, the Captain/Internal Integrity Administrator confirmed that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and endeavor to remain informed about the progress of the investigation.

During an interview with the Validation Administrator/PREA Coordinator, she confirmed that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

During an interview with the Facility Administrator, he confirmed that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Evidence relied upon:

1. PAQ
2. SCDJJ Policy 328 Investigations (effective 01/15/2024) pages 1-12.
3. Interview with the Validation Administrator/PREA Coordinator
4. Interview with an investigator
5. Interview with the Facility Administrator

Corrective Action:

1. Samples of investigative records or event reports for allegations of sexual abuse or sexual harassment were absent.
2. SCDJJ will upload all allegations of sexual abuse and sexual harassment initiated during this reporting period.
3. SCDJJ will upload any written acknowledgments of the outcome of an investigation closed during this reporting period.
4. This Auditor will monitor for compliance during the corrective action period.
5. SCDJJ will alert the Auditor during the corrective action period if a sexual abuse event is initiated within 48 hours.
6. SCDJJ will alert the Auditor during the corrective action period of the closure of an investigation,
7. SCDJJ will provide the Auditor with a complete copy of the closed investigation and the findings.
8. All investigators who complete PREA-related investigations must complete specialized training for investigators and be up-to-date on all required PREA training.
9. SCDJJ will demonstrate compliance with training requirements for all investigators conducting PREA investigations.
10. During this corrective action period, SCDJJ will provide the Auditor with evidence of an incident review for all completed investigations determined to be unsubstantiated or unsubstantiated.
11. SCDJJ will provide evidence of reporting the status of an investigation to the youth.
12. SCDJJ will gain compliance in all material ways with this standard.
13. SCDJJ will interview alleged victims, suspected perpetrators, and witnesses and shall review prior complaints and document the review and reports of sexual abuse involving the suspected perpetrator.

Recommendation:

1. Safety and Law Enforcement Services should implement a consistent process for the timely collection and archiving of video footage evidence related to a PREA allegation, utilizing a defined chain of custody to ensure the evidence is accessible for review during the investigative process. Under SCDJJ Policy 328 Investigations (effective 01/15/2024) pages 1-12, the assigned investigator will request any video footage of the incident within three days of receiving the allegation. The investigator will note the date of the request in the investigator's final investigative report.

	<p>2. All Prison Rape Elimination Act (PREA) administrative investigations will be completed within 45 days (per SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth). If extenuating circumstances prevent a case from being completed, the investigator must submit a request in writing to their supervisor for an extension. The supervisor must approve or disapprove the request in writing. (Form 328B, Request for Extension).</p> <p>Conclusion:</p> <p>SCDJJ Investigations has been reorganized to improve efficiency. The PREA Resource Center also retrained SCDJJ investigators on the investigative process.</p>
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115.372	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.372 (a): The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>PAQ 115.372 (a)-1 SCDJJ confirmed that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Yes.</p> <p>In their response to PAQ 115.372 (a)-1, JDC responded yes, that the agency imposes a standard of preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. The Auditor's review of SCDJJ Policy 328 Investigations found no language supporting this standard. The small sample size of investigative reports available for the Auditor's review and the lack of quantitative evidence to confirm the application of the appropriate standard of proof is problematic. However, during the on-site portion of this audit, the Auditor interviewed the Captain/Internal Integrity Administrator, who confirmed that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. Interview with Captain/ Internal Integrity Administrator 3. SCDJJ Policy 328 Investigations <p>Conclusion:</p>

	<p>The narrative above includes a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination after corrective action, the auditor’s analysis and reasoning, and the auditor’s conclusions.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.373 (a): Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>115.373 (a)-1 SCDJJ confirmed that the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>According to PAQ 115.373 (a)-1, SCDJJ indicates Policy 328 Investigations as the policy which requires a youth who makes an allegation that he or she suffered allegations sexual abuse in an agency facility to be informed, verbally or in writing, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>SCDJJ Policy 328 Investigations, Section F, Administrative Investigations, Subsection 12, page 8, indicates when a citizen complainant is made, SCDJJ shall be kept informed by the Internal Integrity Investigator throughout the process, including receipt of complaints, updates, and results of the investigation if appropriate.</p> <p>SCDJJ Policy 328 Investigations, Section G. Additional Investigation Procedure, Subsection 4b, page 9, states that the employee shall be informed of the nature of the investigation and their rights as applicable. Refer to Form 328A, Administrative Inquiry Advisement.</p> <p>SCDJJ Policy 328 Investigations, Section H, Privacy, Subsection 2, page 11, The Office of Youth Grievance and Family Support will serve as the liaison between SCDJJ and parents/guardians of youth involved in investigations. Any parent/guardian who submits a concern or grievance on behalf of his/her child, if it is investigated, will be informed of the result of the investigation by these employees.</p> <p>An examination of SCDJJ Policy 328 investigations by the Auditor and the SCDJJ/JDC list of incidents and grievances related to sexual abuse and sexual harassment</p>

revealed that in the past 12 months, no notifications were made to residents as required by Standard 115.373 (e)-2. Additionally, the report shows that the SCDJJ completed only 3 out of 20 investigations in the 12-month review period, and there were no notifications to the residents involved. This substandard requires corrective action.

115.373 (a)-2 SCDJJ indicates that the number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was zero.

According to the agency's evidence using a statistical data collection form called "List of Incidents/Grievances related to sexual abuse and sexual harassment," three investigations were completed instead of none, following an investigation into a youth's allegation of sexual abuse in an agency facility. However, investigative reports were not available for review. The information provided from the "List of incidents/grievances related to sexual abuse and sexual harassment" could not be verified. Additionally, there was no evidence to show that the youth were informed about whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. As a result, 85% of investigations related to sexual abuse or sexual harassment are still pending completion. Corrective action is necessary to address the findings of this substandard. Investigations for the relevant audit period are forthcoming from the Safety and Law Enforcement Services.

PAQ 115.373 (a)-3 SCDJJ indicates that 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 was zero.

An examination of SCDJJ Policy 328 investigations, conducted by the Auditor alongside the JDC list of incidents and grievances related to sexual abuse and harassment, revealed that in the past year, youth did not receive required notifications as specified by Standard 115.373(e)-2. The report highlights that JDC completed three investigations, 17 of which are still pending closure. Consequently, 85% of investigations concerning sexual abuse or harassment remain incomplete. This calls for corrective measures. Investigations for the relevant audit period are expected to be forthcoming from the Safety and Law Enforcement Services.

During an interview with the Captain/Internal Integrity Administrator of the Safety and Law Enforcement Services, he indicated that his division has reorganized to improve efficiency in the completion of investigations, specifically PREA investigations.

During an interview with the Validation Administrator/PREA Coordinator, she confirmed that PREA investigations for this relative period were still pending completion or review from the Safety and Law Enforcement Services.

115.373 (b): If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.

PAQ 115.373 (b)-1 SCDJJ confirmed that if an outside entity conducts such

investigations, the agency requests the relevant information from the investigative entity to inform the resident of the investigation's outcome.

SCDJJ Policy 328 Investigations, Policy, page 1, indicates that Safety and Law Enforcement Services will receive complaints, allegations, and grievances through verbal and written reports from employees, youth, volunteers, and third parties.

SCDJJ has an MOU with the South Carolina Law Enforcement Division (SLED).

SCDJJ Policy 328 Investigations, Definitions, Number 9, indicates, Other investigative agencies: any agency authorized by city, county, state, federal government or mandated by court order to investigate allegations of wrongdoing, such as the South Carolina Law Enforcement Division (SLED). Serious incidents, as agreed upon in accordance with the Memorandum of Understanding (MOU) with SLED, will be reported by the Inspector General to SLED for investigation.

SCDJJ Policy 328 Investigations, Section D. Investigation Assignment, Subsection 10, page 6, indicates allegations of child abuse must be reported via the ERS system. If the allegation is

from a camp, the South Carolina Department of Social Services (DSS) Out of Home, Abuse and Neglect (OHAN) Division will be notified, and they, along with the local law enforcement agency, will be responsible for conducting the investigation.

Allegations of institutional abuse and neglect that are alleged to have occurred in one of the five (5) secure SCDJJ facilities will be reported to SLED pursuant to S.C. Code Section 63-7-1220 and the SCDJJ/SLED MOU.

SCDJJ Policy 328 Investigations, Section E., Criminal Investigations, Subsection 1, page 6, states that allegations serious in nature with potential criminal violations will be assigned to the Criminal Investigations Section for criminal investigation.

SCDJJ Policy 328 Investigations, Section E., Criminal Investigations, Subsection 6, page 6, states that Criminal Investigators will document all investigative activity and findings by preparing a Final Investigative Report that will be reviewed by the Major/Director of Criminal Investigation for Safety and Law Enforcement Services and Inspector General prior to submission to the appropriate Solicitor's Office.

SCDJJ Policy 328 Investigations, Section I. DISPOSITION OF INVESTIGATION, Subsection 1, page 11 states that within seven business days of the investigation's completion, the Inspector General or designee shall provide the subject of the investigation and the results of the investigation in writing.

SCDJJ Policy 328 Investigations, Section E., Criminal Investigations, Subsection 9, page 7 states that upon the completion of criminal investigations involving employees, the Criminal Investigator will forward the case to the Internal Integrity Section for an administrative inquiry.

SCDJJ Policy 328 Investigations, Section E., Criminal Investigations, Subsection 11, page 8, states that the Director of Public Safety or the Inspector General shall ensure all substantiated complaints are reported to the South Carolina Criminal

Justice Academy via designated online forms. Substantiated complaints include those offenses where an officer was suspended or meets any other criteria as stated in the South Carolina Code of Regulations 37-025.

SCDJJ Policy 328 Investigations, Section E., Criminal Investigations, Subsection 14 states all Prison Rape Elimination Act (PREA) administrative investigations will be completed within 45 days (per SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth). If extenuating circumstances prevent a case from being completed, the investigator must submit a request in writing to their supervisor for an extension. The supervisor must approve or disapprove the request in writing. (Form 328B, Request for Extension).

SCDJJ Policy 328 Investigations, Section G. Additional Investigation Procedure, Subsection 11, pages 11-12, Investigators shall prepare written reports of investigations, states a full investigation conducted by an SCDJJ investigator shall be completed within ten business days of the investigator receiving the allegation for investigation. A complex investigation involving numerous interviews and extensive documentation might require additional time. There can be an extension of no more than ten additional business days to complete an investigation involving isolation, use of force, and youth-on-youth assault where the investigator documents the need for such an extension. Investigators shall email all extension requests to their direct supervisor and place a copy in the case file.

115.373 (b)-2 The number of investigations of alleged resident sexual abuse in the facility completed by an outside agency in the past 12 months: 0.

115.373 (b)-3 SCDJJ confirmed that of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: was zero.

A review of SCDJJ Policy 328 Investigations conducted by the Auditor and the SCDJJ/JDC list of incidents and grievances related to sexual abuse and sexual harassment found that in the last 12 months, no notifications were made to residents as required by Standard 115.373(e)-2. Moreover, the report indicates that SCDJJ only completed 3 out of 20 investigations during the 12 months under review, and there were no notifications to the residents involved. As a result, 85% of investigations related to sexual abuse or sexual harassment are still pending completion. This deficiency necessitates corrective action. Investigations for the relevant audit period are forthcoming from the Major/Director of Criminal Investigation for Safety and Law Enforcement Services.

115.373 (c): Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or (4) The agency learns that the staff member has been convicted on a

charge related to sexual abuse within the facility.

PAQ 115.373 (c)-1 SCDJJ confirmed that following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the resident's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

PAQ 115.373 (c)-2 SCDJJ confirmed that there has been zero substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months. Yes.

SCDJJ cites SCDJJ Policy 321, Prevention of Sexual Offenses Toward Youth, as the policy which supports this substandard. The Auditor found no evidence. The Validation Administrator/PREA Coordinator did, however, provide a statistical document called List of incidents/grievances related to sexual abuse and sexual harassment, which chronicles investigations initiated during this relevant period. From the List of incidents/grievances related to sexual abuse and sexual harassment document, this Auditor determined that JDC had two unsubstantiated youth-on-youth allegations of sexual abuse and zero substantiated cases of sexual abuse during this relevant period.

115.373 (c)-3 SCDJJ confirmed, if YES, in each case, the agency subsequently informed the resident whenever:

- The staff member was no longer posted within the resident's unit;
- The staff member was no longer employed at the facility;
- The agency learned that the staff member has been indicted related to sexual abuse within the facility or
- The agency learned that the staff member had been convicted on a charge related to sexual abuse within the facility.

By examination, this Auditor determined that during the relevant review period, JDC reported zero staff on youth allegations of sexual abuse with substantiated findings. During the audit period, the Auditor interviewed the Validation Administrator/PREA Coordinator; she confirmed that the statistical document called List of Incidents/grievances related to sexual abuse and sexual harassment reflects aggregated statistical data for the relevant audit period. Absent were documents and evidence of investigative reports for the said period under review.

115.373 (d): Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within

the facility.

PAQ 115.373 (d)-1 SCDJJ Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

- The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

By examination, this Auditor determined that during the relevant review period, JDC reported zero youth-on-youth allegations of sexual abuse with substantiated findings. During the audit period, the Auditor interviewed the Validation Administrator/PREA Coordinator; she confirmed that the statistical document "List of Incidents/grievances related to sexual abuse and sexual harassment" reflects aggregated statistical data for the relevant audit period. Absent were documents and evidence of investigative reports for the said period under review.

115.373 (e): All such or attempted notifications shall be documented.

PAQ 115.373 (e)-1 SCDJJ confirmed the agency has a policy that all notifications to residents described under this standard are documented was zero.

The Auditor discovered a lack of youth notification before starting the corrective action period. This absence of notification correlates with the agency's failure to complete investigations in a timely, prompt manner as mandated by PREA standards.

PAQ 115.373 (e)-2 SCDJJ In the past 12 months, the number of notifications to residents that were provided pursuant to this standard:

Upon examination, the Auditor determined that during the relevant review period, JDC reported no youth-on-youth allegations of sexual abuse with substantiated findings. The Auditor interviewed the Validation Administrator/PREA Coordinator throughout the audit period, who confirmed that the statistical document "List of Incidents/Grievances Related to Sexual Abuse and Sexual Harassment" reflects aggregated statistical data for the relevant audit period. However, documents and evidence of investigative reports were absent for the specified period under review: "List of Incidents/Grievances Related to Sexual Abuse and Sexual Harassment."

PAQ 115.373 (e)-3 SCDJJ confirmed notifications made in the past 12 months, and the number documented was zero.

By examination, this Auditor determined that during the relevant review period, JDC reported zero youth-on-youth allegations of sexual abuse with substantiated findings. During the audit period, the Auditor interviewed the Validation Administrator/PREA Coordinator; she confirmed that the statistical document "List of Incidents/grievances related to sexual abuse and sexual harassment" reflects aggregated statistical data for the relevant audit period. Absent were documents

	<p>and evidence of investigative reports for the said period under review. "List of incidents/grievances related to sexual abuse and sexual harassment."</p> <p>115.373 (f): An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p> <p>This Auditor found no evidence of written language similar to that found in 115.373 (f).</p> <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. SCDJJ/JDC will upload all investigations of sexual abuse and sexual harassment to the online audit system (OAS) according to the applicable standard. 2. For cases closed, SCDJJ/JDC will provide the Auditor with proof that it reported the investigation's findings to the youth. 3. SCDJJ/JDC will provide evidence of the referral for cases referred to SLED. 4. SCDJJ will provide the Auditor with evidence of full compliance with this standard. 5. The Auditor will monitor this standard for compliance for the duration of the CAP. <p>Conclusion:</p> <p>The narrative below must include a comprehensive discussion of all the evidence used to determine compliance or non-compliance, the Auditor's analysis and reasoning, and the Auditor's conclusions.</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.376 (a): Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>PAQ 115.376 (a)-1 SCDJJ confirmed that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section J. Investigation/Prosecution of Sexual Violence, Subsection 7a, (effective 05/06/2021) page 14, indicates that an employee may be suspended pending the investigation, subject to SCDJJ Policy 228, Progressive Employee Discipline.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section J.</p>

Investigation/Prosecution of Sexual Violence, Subsection 8, (effective 05/06/2021) page 14, indicates that a SCDJJ employee who is found to have committed sexual violence, sexual harassment or sexual misconduct to a youth is subject to disciplinary sanctions, including but not limited to termination of employment and criminal prosecution.

SCDJJ Policy 228 Progressive Employee Discipline Guidelines/Standards Chart, Section E. Progressive Discipline Guidelines/Standards, Section 1, (effective 05/19/2016) page 11 states that discipline may begin at any step in the procedure, depending on the seriousness of the individual offense. It should be emphasized that in some situation, suspension, termination, demotion, or involuntary reassignment may be appropriate on the first offense, depending on the severity of the offense and the circumstances involved, even though a lesser degree of disciplinary action is indicated in the guideline for a first-offense occurrence. Violations are not restricted to the examples listed on the Progressive Discipline Guidelines/Standards Chart.

SCDJJ Policy 228 Progressive Employee Discipline, Progressive Discipline Guidelines/Standards Chart, Section E. Progressive Discipline Guidelines/Standards, Section, Subsection 1, Progressive Discipline Guidelines/Standards Chart, (effective 05/19/2016) pages 14-15, the policy states that the "severity of discipline should mirror the gravity of the individual offense and consider any previous history of misconduct." For instance, offense #12, "Abuse, neglect, and/or exploitation (physical or psychological) of a youth without resulting physical or mental injury," has four potential disciplinary actions for the first offense, ranging from a written reprimand to termination. For the second offense, the range is suspension to termination, and the third offense results in termination, with no further actions specified for a fourth offense in this category.

SCDJJ Policy 228 Progressive Employee Discipline, Progressive Discipline Guidelines/Standards Chart, Section E. Progressive Discipline Guidelines/Standards, Section, Subsection 1, Progressive Discipline Guidelines/Standards Chart, (effective 05/19/2016) pages 14-15, the policy states that the "severity of discipline should mirror the gravity of the individual offense and consider any previous history of misconduct." For example, offense number thirteen, which involves the abuse, neglect, or exploitation of a youth causing physical or mental injury, carries two possible disciplinary actions for the first offense: suspension or termination. A second offense results in the employee's termination

115.376 (b): Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

115.376 (b)-1 SCDJJ confirmed in the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero.

115.376 (b)-2 SCDJJ confirmed that in the past 12 months, zero facility staff members have been terminated (or resigned prior to termination) for violating

agency sexual abuse or sexual harassment policies.

SCDJJ Policy 336 Application of the PREA Standards, Section G, Investigations, (effective 05/06/2021) page 9, indicates that consistent with SCDJJ Policy 228, Progressive Employee Discipline, the presumptive disciplinary sanction for staff who have engaged in sexual relations with a youth is termination. [PREA Standard(s) §115.376].

Additional sample records of terminations, resignations, or other sanctions for violating sexual abuse or sexual harassment policies for this relevant period were zero. PAQ 115.376 (1) and (2) indicated zero, as confirmed by the Facility Administrator.

115.376 (c): Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

PAQ 115.376 (c)-1 SCDJJ The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section J. Investigation/Prosecution of Sexual Violence, Subsection 7a, (effective 05/06/2021) page 14, indicates that an employee may be suspended pending the investigation, subject to SCDJJ Policy 228, Progressive Employee Discipline.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section J. Investigation/Prosecution of Sexual Violence, Subsection 8, (effective 05/06/2021) page 14, indicates that a SCDJJ employee who is found to have committed sexual violence, sexual harassment or sexual misconduct to a youth is subject to disciplinary sanctions, including but not limited to termination of employment and criminal prosecution.

SCDJJ Policy 228 Progressive Employee Discipline Guidelines/Standards Chart, Section E. Progressive Discipline Guidelines/Standards, Section 1, (effective 05/19/2016) page 11 states that discipline may begin at any step in the procedure depending on the seriousness of the individual offense. It should be emphasized that in some situation's suspension, termination, demotion or involuntary reassignment may be appropriate on the first offense, depending on the severity of the offense and the circumstances involved, even though a lesser degree of disciplinary action is indicated in the guideline for a first-offense occurrence. Violations are not restricted to the examples listed on the Progressive Discipline Guidelines/Standards Chart.

SCDJJ Policy 228 Progressive Employee Discipline, Progressive Discipline Guidelines/

Standards Chart, Section E. Progressive Discipline Guidelines/Standards, Section, Subsection 1, Progressive Discipline Guidelines/Standards Chart, (effective 05/19/2016) pages 14-15, the policy states that the "severity of discipline should mirror the gravity of the individual offense and consider any previous history of misconduct." For instance, offense #12, "Abuse, neglect, and/or exploitation (physical or psychological) of a youth without resulting physical or mental injury," has four potential disciplinary actions for the first offense, ranging from a written reprimand to termination. For the second offense, the range is suspension to termination, and the third offense results in termination, with no further actions specified for a fourth offense in this category.

115.376 (d): All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

PAQ 115.376 (d)-1 SCDJJ confirmed "yes" that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

SCDJJ Policy 328 Investigations, Definitions, Section 9, (effective 01/15/2024) page 1, indicates that other investigative agencies: any agency authorized by city, county, state, federal government or mandated by court order to investigate allegations of wrongdoing, such as the South Carolina Law Enforcement Division (SLED). Serious incidents, as agreed upon in accordance with the Memorandum of Understanding (MOU) with SLED, will be reported by the Inspector General to SLED for investigation.

SCDJJ Policy 328 Investigations, Section D. Investigation Assignment, Subsection 10, Allegations of child abuse must be reported via the ERS system. If the allegation is from a camp, the South Carolina Department of Social Services (DSS) Out of Home, Abuse and Neglect (OHAN) Division will be notified, and they, along with the local law enforcement agency, will be responsible for conducting the investigation. Allegations of institutional abuse and neglect that are alleged to have occurred in one of the five (5) secure SCDJJ facilities will be reported to SLED pursuant to S.C. Code Section 63-7-1220 and the SCDJJ/SLED MOU.

During the on-site audit, the Captain/Integrity Administrator, Safety and Law Enforcement Services affirmed that all dismissals due to breaches of the agency's sexual abuse or harassment policies, as well as resignations by employees who would have faced termination otherwise, must be reported to law enforcement agencies—unless the conduct was evidently non-criminal—and to pertinent licensing authorities.

Evidence relied upon:

	<ol style="list-style-type: none"> 1. PAQ 2. SCDJJ Policy 328 Investigations, Definitions, (effective 01/15/2024). 3. SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021). 4. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021). 5. SCDJJ Policy 228 Employee Discipline (effective 05/19/2016). 6. Interview with the Captain/Integrity Administrator, Safety and Law Enforcement Services. <p>Conclusion:</p> <ol style="list-style-type: none"> 1. SCDJJ met this standard in all material ways for the relevant review period.
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.377 (a): Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>PAQ 115.377 (a)-1 SCDJJ confirmed "yes" that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section J. Investigation/Prosecution of Sexual Violence, Subsection 7a, (effective 05/06/2021) page 14, indicates that an employee may be suspended pending the investigation, subject to SCDJJ Policy 228, Progressive Employee Discipline.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section J. Investigation/Prosecution of Sexual Violence, Subsection 8, (effective 05/06/2021) page 14, indicates that a SCDJJ employee who is found to have committed sexual violence, sexual harassment, or sexual misconduct to a youth is subject to disciplinary sanctions, including but not limited to termination of employment and criminal prosecution.</p> <p>SCDJJ Policy 336 Application of the PREA Standards, Section G, Investigations, (effective 05/06/2021) page 9, indicates that consistent with SCDJJ Policy 228, Progressive Employee Discipline, the presumptive disciplinary sanction for staff who have engaged in sexual relations with a youth is termination. [PREA Standard(s)</p>

§115.376].

Additional sample records of terminations, resignations, or other sanctions for violating sexual abuse or sexual harassment policies for this relevant period were zero. PAQ 115.376 (1) and (2) indicated zero, as confirmed by the facility Administrator.

SCDJJ Policy 328 Investigations, Definitions, Section 9, Page 1, indicates that other investigative agencies: any agency authorized by city, county, state, federal government or mandated by court order to investigate allegations of wrongdoing, such as the South Carolina Law Enforcement Division (SLED). The Inspector General will report serious incidents to SLED for investigation, as agreed upon in accordance with the Memorandum of Understanding (MOU) with SLED.

SCDJJ Policy 328 Investigations, Section D. Investigation Assignment, Subsection 10, Allegations of child abuse must be reported via the ERS system. If the allegation is from a camp, the South Carolina Department of Social Services (DSS) Out of Home, Abuse and Neglect (OHAN) Division will be notified and they, along with the local law enforcement agency, will be responsible for conducting the investigation. Allegations of institutional abuse and neglect that are alleged to have occurred in one of the five (5) secure SCDJJ facilities will be reported to SLED pursuant to S.C. Code Section 63-7-1220 and the SCDJJ/SLED MOU.

During the on-site audit, the Captain/Internal Integrity Administrator affirmed that all dismissals due to breaches of the agency's sexual abuse or harassment policies, as well as resignations by employees who would have faced termination otherwise, must be reported to law enforcement agencies—unless the conduct was evidently non-criminal—and to pertinent licensing authorities.

PAQ 115.377 (a)-2 Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Contractor Conduct Agreement, Form 302RD, Section 12, (effective 05/06/2021) page 2 indicates that any breach of these rules is grounds for, and may result in the offending Contractor being warned, being required to take corrective action, being removed (either temporarily or permanently) from the institutional grounds of the SCDJJ, or in the termination of contract with the Contractor at the option of the SCDJJ or the SCDJJ Director's Designee.

SCDJJ Policy 328 Investigations, Section C, Guidelines for Notice of Suspension Pending Investigation (NOSPI), Subsection 1., (effective 01/15/24).

SCDJJ Policy 336 Application of PREA Standards (effective 05/06/2021).

115.377 (b): The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

	<p>PAQ 115.377 (b)-1 SCDJJ The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>SCDJJ Policy 336 Application of PREA Standards</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth</p> <p>SCDJJ Form 302RD Contractor Conduct Agreement.</p> <p>SCDJJ Volunteer's Certification of Orientation and Agreement</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. SCDJJ Policy 336 Application of PREA Standards (effective 05/06/2021) 3. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021) 4. SCDJJ Form 302RD Contractor Conduct Agreement. 5. SCDJJ Volunteer's Certification of Orientation and Agreement <p>Conclusion:</p> <p>The narrative above includes 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.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.378 (a): A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.</p> <p>PAQ 115.378 (a)-1 SCDJJ confirms that youth are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. SCDJJ Policy 924 Youth Behavior Management – Incentive System and Progressive Discipline staff will follow a continuum of responses from least restrictive to more restrictive to respond to youth misbehavior, as set forth in and consistent with the Youth Progressive</p>

Discipline Chart (Exhibit 924A).

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section J., Investigation/Prosecution of Sexual Violence, Subsection 9, (effective 05/06/2021) a youth housed in an SCDJJ facility who is found to have committed sexual violence is subject to SCDJJ disciplinary sanctions and criminal prosecution

PAQ 115.378 (a)-2 SCDJJ confirmed that youth are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

SCDJJ Policy 924 Youth Behavior Management – Incentive System and Progressive Discipline, Section 2. Disciplining Negative Behavior of the Youth, Subsection a., (effective 05/21/2021) page 5, indicates that progressive discipline addresses minor (Level 1), medium (Level 2), and maximum (Level 3) Rule Violation (s) and sanctions for those rule violations outlined in the Youth Progressive Discipline Chart (Exhibit 924A). The sanctions imposed are to be directly targeted to address the youth's specific inappropriate behavior with the intent and purpose of prompting the youth to comply with the rules.

SCDJJ 115.378 (a)-3 SCDJJ confirms that in the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: was zero.

PAQ 115.378 (a)-3 SCDJJ confirms that in the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: was zero.

An examination of the SCDJJ List of incidents/grievances related to sexual abuse and sexual harassment for this relevant period indicates zero substantiated allegations of sexual abuse or sexual harassment. Two allegations of youth-on-youth sexual abuse were determined to be unsubstantiated, and one was unfounded according to the SCDJJ List of incidents/grievances, with seventeen investigations still pending. However, beyond the list provided by the SCDJJ, the actual investigations were unavailable for review but forthcoming. This substandard requires corrective action.

PAQ 115.378 (a)-4 SCDJJ confirms that 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.

115.378 (b): Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily medical or mental health care clinician visits. Residents shall also have access to other programs and work opportunities to the extent possible.

PAQ 115.378 (b)-1 SCDJJ In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services.

SCDJJ Policy 323 Isolation of Youth, Section G, Conditions and Access to Services, Subsection 2, (effective 11/15/2023) page 10, indicates that youth in isolation will receive access to sunlight, working showers and bathrooms, mattresses, and food of the same quality and quantity as offered to the general population. Youth will also receive daily visits from social work or psychology employees and at least one hour of large muscle activity outside the room if it is safe to do so.

PAQ 115.378 (b)-2 SCDJJ confirmed that in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician.

SCDJJ Policy 323 Isolation of Youth, Section G, Conditions and Access to Services, Subsection 2, page 10, indicates that youth in isolation will receive access to sunlight, working showers and bathrooms, mattresses, and food of the same quality and quantity as offered to the general population. Youth will also receive daily visits from social work or psychology employees and at least one hour of large muscle activity outside the room if it is safe.

PAQ 115.378 (b)-3 SCDJJ In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

In the course of the audit, the Auditor interviewed the Facility Administrator, who confirmed that if a youth is isolated as a disciplinary measure for youth-on-youth sexual abuse, they receive daily visits from a medical or mental health care clinician. Subsequent interviews with a medical and mental health practitioner also confirmed that residents in isolation are visited by a practitioner at least once a day. During the facility tour, this Auditor observed medical and mental health practitioners making rounds.

PAQ 115.378 (b)-4 SCDJJ confirmed that in the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: was zero.

PAQ 115.378 (b)-5 SCDJJ confirmed that in the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise and/or legally required educational programming or special education services:

PAQ 115.378 (b)-6 SCDJJ confirmed that in the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities was zero.

115.378 (c): The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

115.378 (d): If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer the offending resident participation in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives but not as a condition of access to general programming or education.

PAQ 115.378 (d)-1 SCDJJ indicates that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

During this audit process, this Auditor interviewed with a mental health practitioner. The practitioner confirmed that SCDJJ offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care, Section B., Provision of Services, Subsection 2-5, (effective 09/26/2019) page 3, details the scope of care provided to all youth assigned to an SCDJJ secure facility.

SCDJJ Policy 915 Specialized Programs for Youth, Section A, Specialization Program Requirements, (effective 03/04/2021) page 1, will provide highly structured specialized programs with a comprehensive set of services and activities designed to address a specific youth population's identified problems and needs.

PAQ 115.378 (d)-2 SCDJJ indicates if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for the abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives.

During this audit process, this Auditor conducted an interview with a mental health practitioner. The practitioner confirmed that SCDJJ offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care, Policy, (effective 09/26/2019) page 1, The South Carolina Department of Juvenile Justice (CSDJJ) will provide a variety of quality health care services based on the medical needs of committed youth.

SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care, Section B., Provision of Services, Subsection 2-5,

(effective 09/26/2019) page 3, details the scope of care provided to all youth assigned to a SCDJJ secure facility.

PAQ 115.378 (d)-3 SCDJJ confirmed that access to general programming or education is not conditional on participation in such interventions.

During the audit process, the auditor interviewed a mental health practitioner who confirmed that access to general programming or education is not a requirement for participation.

SCDJJ Policy 915 Specialized Programs for Youth, Section A, Specialization Program Requirements, (effective 03/04/2021) page 1, will provide highly structured specialized programs with a comprehensive set of services and activities designed to address a specific youth population's identified problems and needs.

115.378 (e): The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

PAQ 115.378 (e)-1 SCDJJ The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

SCDJJ Policy 924 Youth Behavior Management – Incentive System and Progressive Discipline (effective 05/21/2024).

115.378 (f): For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

PAQ 115.378 (f)-1 SCDJJ confirmed that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

SCDJJ Policy 920 Youth Grievance Process, Section E., Grievance Process, Subsection 2, page 7, indicates that in case of factual inaccuracy, but when a grievance is filed in good faith, a resident shall not be the subject of disciplinary action for the legitimate and honest use of the youth grievance process.

SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section I, Protection of Youth Victims and Reporters, Subsection 2, (effective 05/06/2021) page 14, states that an employee or youth will not be subject to any repercussions, discipline, or other punishment for reporting unless the investigator finds that the report was made in bad faith.

115.378 (g): An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

PAQ 115.378 (g)-1 SCDJJ confirmed that the agency prohibits all sexual activity between residents.

In an interview with the Facility Administrator and the Auditor, he confirmed that SCDJJ prohibits all sexual activity between youth.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section D., Youth Education, Subsection 1, (effective 05/06/2021) page 2, Youth will receive information on SCDJJ Policies and procedures for responding to incidents of sexual abuse, adolescent sexual development, risky sexual behavior, and the health and social consequences of inappropriate or risky sexual behavior.

PAQ 115.378 (g)-2 SCDJJ confirms "yes" that if the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

SCDJJ Policy 924 Youth Behavior Management – Incentive System and Progressive Discipline (effective 05/21/2021).

SCDJJ Policy 336 Application of PREA Standards (effective 05/06/2021).

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021).

Evidence relied upon:

1. PAQ
2. SCDJJ Policy 924 Youth Behavior Management – Incentive System and Progressive Discipline (effective 05/06/2021)
3. SCDJJ Policy 920 Youth Grievance Process (effective 10/15/2023)
4. SCDJJ Policy 915 Specialized Programs for Youth (effective 03/04/2021)
5. SCDJJ Policy 336 Application of PREA Standards (effective 05/06/2021)
6. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06/2021).
7. SCDJJ Policy 601 Scope of Health Services and Responsible Health (effective 09/26/2019)
8. SCDJJ Policy 323 Isolation of Youth (effective 11/05/2023)
9. SCDJJ JDC 2024 Allegations
10. Interview with the Superintendent
11. Interview with a medical and mental health practitioner (2)

Corrective Action:

SCDJJ will provide evidence of compliance with PAQ 115.378 (b)-3 SCDJJ indicates that in the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible. In the course of the audit, the Auditor interviewed the Facility Administrator, who confirmed that if a youth is isolated as a disciplinary measure for youth-on-youth sexual abuse, they receive

	<p>daily visits from a medical or mental health care clinician. Subsequent interviews with a medical and mental health practitioner also confirmed that residents in isolation are visited by a practitioner at least once a day. However, no written evidence was found to support this claim when a review of the evidence was conducted to confirm compliance. As a result, the Auditor is requesting additional evidence to address this deficiency. During the facility tour, this Auditor observed medical and mental health practitioners making rounds.</p> <p>Conclusion:</p> <p>JDC met the requirements for this standard in all material ways based on a select sampling of relevant documents.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>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 the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>PAQ 115.381 (a)-1 SCDJJ confirmed that all residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section b., Sexually Aggressive Youth, Subsection 1., page 7, states Classification Case Managers will use the following information to screen youth records to determine if there are indications that a youth is prone to victimize other youth regarding sexual behavior, including the following documented history of:</p> <p>A) Sexually aggressive behavior. B) Violence, especially if related to a sex offense C) Being a victim of sexual abuse</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section 3., Sexually Aggressive Youth, Subsection d, page 8, states that a mental health evaluation of all known youth-on-youth abusers will be conducted within 60 days of learning of such abuse history. That treatment will be offered when mental health clinicians deem it appropriate.</p> <p>SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section 3., Sexually Aggressive Youth, Subsection e, page 8. states if the screening indicates that a youth has experienced prior sexual victimization or has previously perpetrated</p>

sexual abuse, whether it occurred in an institutional setting or not, staff shall ensure the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Informed consent must be obtained from any youth over the age of 18 before reporting any sexual victimization information.

PAQ 115.381 (a) 2 SCDJJ confirmed that a follow-up meeting is offered within 14 days of the intake screening.

The Auditor interviewed a mental health practitioner during the audit process. The practitioner confirmed that if the screening shows that a youth has experienced previous sexual victimization or has previously committed sexual abuse, whether it occurred in an institutional setting or elsewhere, the staff must ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Informed consent must be obtained from any young person over the age of 18 before reporting any sexual victimization. This substandard requires corrective action. SCDJJ will provide proof of compliance.

PAQ 115.381 (a)-3 SCDJJ confirms "yes" that in the past 12 months, the percentage of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: SCDJJ will provide proof of compliance.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section b., Sexually Aggressive Youth, Subsection 1., page 7, states Classification Case Managers will use the following information to screen youth records to determine if there are indications that a youth is prone to victimize other youth regarding sexual behavior, including the following documented history of:

- A) Sexually aggressive behavior.
- B) Violence, especially if related to a sex offense.
- C) Being a victim of sexual abuse

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section 3., Sexually Aggressive Youth, Subsection d, page 8, states that a mental health evaluation of all known youth-on-youth abusers will be conducted within 60 days of learning of such abuse history. That treatment will be offered when mental health clinicians deem it appropriate.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section 3., Sexually Aggressive Youth, Subsection e, page 8. states if the screening indicates that a youth has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or not, staff shall ensure the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Informed consent must be obtained from any youth over the age of 18 before reporting any sexual victimization information.

The Auditor interviewed a mental health practitioner during the audit process. The

practitioner confirmed that if the screening shows that a youth has experienced previous sexual victimization or has previously committed sexual abuse, whether it occurred in an institutional setting or elsewhere, the staff must ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Informed consent must be obtained from any young person over the age of 18 before reporting any sexual victimization. This substandard requires corrective action. SCDJJ will provide proof of compliance.

115.381 (a)-4 Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above-required services.

According to the medical practitioner interviewed during this audit. The electronic medical record secures Health Protected Health Information (PHI).

SCDJJ Policy 124 Confidentiality and Release of Juvenile Information, Section B., Protected Health Information in Juvenile Files, Subsection 1, page 6, states that Protected Health Information (PHI): Health information collected from an individual and created or received by SCDJJ that identifies the individual or can be used to identify the individual. The information relates to the individual's past, present, or future physical or mental health or condition, the provision of health care to them, or the payment for the provision of health care. Health information that does not identify an individual and from which there is no reasonable basis to believe that the information can be used to identify an individual is not protected health information. PHI includes (but is not limited to) the individually identifiable health information in SCDJJ records, such as juvenile medical records, evaluation reports, placement packages, juvenile classification files, birth certificates, and psychiatric and psychological evaluations.

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 the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

PAQ 115.381 (b)-1 SCDJJ confirms "yes" that all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section b., Sexually Aggressive Youth, Subsection 1., page 7, states Classification Case Managers will use the following information to screen youth records to determine if there are indications that a youth is prone to victimize other youth regarding sexual behavior, including the following documented history of:

- A) Sexually aggressive behavior.
- B) Violence, especially if related to a sex offense.
- C) Being a victim of sexual abuse

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section 3., Sexually Aggressive Youth, Subsection d, page 8, states that a mental health evaluation of all

known youth-on-youth abusers will be conducted within 60 days of learning of such abuse history and that treatment will be offered when deemed appropriate by mental health clinicians.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section 3., Sexually Aggressive Youth, Subsection e, page 8. states if the screening indicates that a youth has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or not, staff shall ensure the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Informed consent must be obtained from any youth over the age of 18 before reporting any sexual victimization information.

The Auditor interviewed a mental health practitioner during the audit process. The practitioner confirmed that if the screening shows that a youth has experienced previous sexual victimization or has previously committed sexual abuse, whether it occurred in an institutional setting or elsewhere, the staff must ensure that the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Informed consent must be obtained from any young person over the age of 18 before reporting any sexual victimization. This substandard requires corrective action. SCDJJ will provide proof of compliance.

115.381 (c): Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

115.381 (d): Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 18.

PAQ 115.381 (d)-1 SCDJJ confirmed that 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.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section 3., Sexually Aggressive Youth, Subsection e, page 8. states if the screening indicates that a youth has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or not, staff shall ensure the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Informed consent must be obtained from any youth over the age of 18 before reporting any sexual victimization information.

SCDJJ Policy 124 Confidentiality and Release of Juvenile Information, Section B., Protected Health Information in Juvenile Files, Subsection 1, page 6, states that Protected Health Information (PHI): Health information collected from an individual

and created or received by SCDJJ that identifies the individual or can be used to identify the individual. The information relates to the individual's past, present, or future physical or mental health or condition, the provision of health care to them, or the payment for the provision of health care. Health information that does not identify an individual and from which there is no reasonable basis to believe that the information can be used to identify an individual is not protected health information. PHI includes (but is not limited to) the individually identifiable health information contained in SCDJJ records, such as juvenile medical records, evaluation reports, placement packages, juvenile classification files, birth certificates, and psychiatric and psychological evaluations.

"During the audit, the Auditor interviewed a medical practitioner and a mental health practitioner separately. Both confirmed that practitioners obtain informed consent from young people before reporting information about past non-institutional sexual victimization unless the young person is under 18 years of age. These consents are kept in the electronic medical record."

Storage Review:

This Auditor observed physical storage in areas protected by locked doors and file cabinets with locks. Other safeguards observed were the use of password-protected computer access to a limited number of individuals based on their role of responsibility. Formal conversation with a medical and mental health practitioner, each confirmed having a specific password to access PHI. An informal conversation with administrative non-medical or mental health staff confirmed an inability to access sensitive information unless approved by the agency technology administrator and the Facility Administrator.

Have informal conversations with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports, etc. (e.g., where, how, and security of information is stored electronically and in hard copy, specifically who has access and how access is restricted).

Evidence relied upon:

1. PAQ
2. Facility tour and site review
3. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth (effective 05/06/2021).
4. SCDJJ Policy 918 Youth Rights and Responsibilities (effective 05/02/2019).
5. SCDJJ Policy 911 Mental Health Emergency and Crisis (effective (06/08/2020).
6. Interview with staff responsible for risk screening
7. Interview with a medical and mental health practitioner

Corrective Action: (10) residents with a history of victimization and abusiveness

	<ol style="list-style-type: none"> 1. PAQ 115.381 (a) 2 SCDJJ confirmed that a follow-up meeting is offered within 14 days of the intake screening. (no evidence) This substandard requires a select sample of youth confinement records/other records available to custody staff or non-health personnel. 2. PAQ 115.381 (a)-3 SCDJJ confirms "yes" that in the past 12 months, the percentage of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: (no evidence) 3. PAQ 115.381 (b)-1 SCDJJ confirms "yes" that all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. (no evidence). <p>Conclusion:</p> <ol style="list-style-type: none"> 1. The narrative above includes 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.
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.382 (a): Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p>PAQ 115.382 (a)-1 SCDJJ confirmed "yes" that youth victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.</p> <p>SCDJJ Policy 603 Youth Unimpeded Access to Health Care, Procedural Guidelines, Section A., page 1, indicates that youth committed to SCDJJ and assigned to SCDJJ facilities will have unimpeded access to health care services to meet their health needs at SCDJJ medical and dental clinics, community-based hospitals, and contracted community health care providers. Barriers to youth seeking access to health services will be avoided. Examples of barriers to accessibility are interfering with prompt transmittal to health services staff regarding a juvenile's verbal or written request for care.</p> <p>Interviews with a medical and mental health practitioner each confirmed that youth</p>

victims of sexual abuse receive prompt, unimpeded access to emergency medical treatment and crisis intervention services. Access to investigative reports of youth who reported sexual abuse is forthcoming. This substandard requires corrective action.

PAQ 115.382 (a)-2 SCDJJ confirmed "yes" that medical and mental health practitioners determine the nature and scope of such services according to their professional judgment.

Interviews with medical and mental health practitioners each confirmed that they determine the nature and scope of such services according to their professional judgment. Documentation demonstrating immediate notification of the appropriate medical and mental health practitioners was unavailable. Access to investigative reports of youth who reported sexual abuse is forthcoming.

115.382 (b): If no qualified medical or mental health practitioners are on duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

Interviews with potential security and non-security first responders confirmed they would take initial steps to protect the victim, promptly notify the shift supervisor, medical and mental health practitioners, and document the event. Documentation demonstrating immediate notification of the appropriate medical and mental health practitioners was unavailable. Access to investigative reports of youth who reported sexual abuse is forthcoming.

115.382 (c): Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

PAQ 115.382 (c)-1 SCDJJ 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.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H, Response to an Alleged Sexual Violent Act in a SCDJJ Facility, Subsection 13e, page 11 states alleged victims will be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care and where medically appropriate. Services will be provided according to the provider's professional judgment and will be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H, Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection 13g., page 11 states

youth victims of sexually abusive vaginal penetration, while incarcerated, will be offered pregnancy tests and as appropriate, tests for sexually transmitted infections. Youth will receive timely and comprehensive information about and access to all lawful pregnancy-related medical services without financial cost, regardless of whether the victim cooperates with any investigation.

SCDJJ Policy 603 Youth Unimpeded Access to Health Care, Policy, page 1, states that youth committed to the South Carolina Department of Juvenile Justice (SCDJJ) will have unimpeded access to health care services to meet their health needs. SCDJJ staff will not approve or deny requests for health services, medical appointments, or attendance to Sick Call. Barriers to a youth's access to health services will be avoided. Each facility will provide an orientation program to youth that explains their right to health care services, procedures for accessing health care services, and grievance procedures in the event they believe they have been deprived of reasonable access to health-related services.

SCDJJ Policy 336 Application of PREA Standards, Section H. Medical and Health Care, Subsection 3, page 10 states, pursuant to South Carolina State Law and SCDJJ Policy 918, Youth Rights and

Responsibilities: SCDJJ Policy 601, Scope of Health Services and Responsible Health Authority, and SCDJJ Policy 321, Prevention of Sexual Offenses Towards Youth; all youth will have unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception, and sexually transmitted infection prophylaxis without financial cost to the youth. [PREA Standard(s) §115.382].

Interviews with a medical and mental health practitioner each confirmed that youth 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.

115.382 (d): Treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

PAQ 115.382 (d)-1 SCDJJ Treatment services are provided to every victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H, Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection 13g., page 11 states youth victims of sexually abusive vaginal penetration, while incarcerated, will be offered pregnancy tests and as appropriate, tests for sexually transmitted infections. Youth will receive timely and comprehensive information about and access to all lawful pregnancy-related medical services without financial cost, regardless of whether the victim cooperates with any investigation.

SCDJJ Policy 336 Application of PREA Standards, Section H. Medical and Health Care, Subsection 3, page 10 states, pursuant to South Carolina State Law and SCDJJ Policy

	<p>918, Youth Rights and Responsibilities: SCDJJ Policy 601, Scope of Health Services and Responsible Health Authority, and SCDJJ Policy 321, Prevention of Sexual Offenses Towards Youth; all youth will have unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception, and sexually transmitted infection prophylaxis without financial cost to the youth. [PREA Standard(s) §115.382].</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. SCDJJ Policy 603 Youth Unimpeded Access to Health Care, Policy, page 1, 3. SCDJJ Policy 336 Application of PREA Standards, Section H. Medical and Health Care, Subsection 3, page 10 4. SCDJJ Policy 321, Prevention of Sexual Offenses Towards Youth 5. SCDJJ Policy 601, Scope of Health Services and Responsible Health Authority 6. Interview with a medical and mental health practitioner <p>Corrective Action:</p> <ol style="list-style-type: none"> 1. PAQ 115.382 (a)-1 SCDJJ confirmed "yes" that youth victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Access to investigative reports of youth who reported sexual abuse is forthcoming. This substandard requires corrective action. 2. Documentation demonstrating immediate notification of the appropriate medical and mental health practitioners was unavailable. 3. PAQ 115.382 (c)-1 SCDJJ Resident victims of sexual abuse, while incarcerated, are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis per professionally accepted standards of care, where medically appropriate. <p>Conclusion:</p> <p>The narrative above includes 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.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.383 (a): The facility shall offer medical and mental health evaluation and, as

appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

PAQ 115.383 (a)-1 SCDJJ, the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section 3, Youth identified by the admissions staff or Multidisciplinary Team as potentially aggressive will be housed as follows, Subsection C (e)., page 8, states if the screening indicates that a youth has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or not, staff shall ensure the youth is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Informed consent must be obtained from any youth over the age of 18 before reporting any sexual victimization information. SCDJJ Policy 601 Scope of Health Services, Responsible Health Authority, and Elective Outside Health Care, Section B., Provisions of Services, Subsection 1, page 3, indicates that the health services provided to a youth are based on his/her individual dental, nursing, and psychiatric needs, and expected length of confinement.

SCDJJ Policy 603 Youth's Unimpeded Access to Health Care, Procedural Guidelines, Section A., page 1, indicates that youth committed to SCDJJ and assigned to SCDJJ facilities will have unimpeded access to health care services to meet their health needs at SCDJJ medical and dental clinics, community-based hospitals, and contracted community health care providers. Barriers to youth seeking access to health services will be avoided. Examples of barriers to accessibility interfering with prompt transmittal to health services staff of a juvenile's verbal or written request for care.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H, Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection 13g., page 11 states youth victims of sexually abusive vaginal penetration, while incarcerated, will be offered pregnancy tests and as appropriate, tests for sexually transmitted infections. Youth will receive timely and comprehensive information about and access to all lawful pregnancy-related medical services without financial cost, regardless of whether the victim cooperates with any investigation.

SCDJJ Policy 336 Application of PREA Standards, Section H. Medical and Health Care, Subsection 3, page 10 states, pursuant to South Carolina State Law and SCDJJ Policy 918, Youth Rights and Responsibilities: SCDJJ Policy 601, Scope of Health Services and Responsible Health Authority, and SCDJJ Policy 321, Prevention of Sexual Offenses Towards Youth; all youth will have unimpeded access to emergency medical treatment, crisis intervention services, emergency contraception, and sexually transmitted infection prophylaxis without financial cost to the youth. [PREA Standard(s) §115.382].

During the audit process, the Auditor interviewed a medical practitioner and a mental health professional separately. Both practitioners confirmed that the facility

offers medical and mental health evaluations, as well as appropriate treatment, to all residents who have been victims of sexual abuse in any prison, jail, lockup, or juvenile facility. Medical records or secondary documentation showing that victims receive medical and mental health services consistent with the community level of care will be provided soon. Documentation of youth who reported sexual abuse in the form of investigations will also be provided soon, if applicable.

115.383 (b): The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.

During the audit process, the Auditor interviewed a medical practitioner and a mental health professional separately. Both practitioners confirmed that the facility would The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Medical records or secondary documentation showing that victims receive medical and mental health services consistent with the community level of care will be provided soon. Documentation of youth who reported sexual abuse in the form of investigations will also be quickly provided, if applicable.

115.383 (c): The facility shall provide such victims with medical and mental health services consistent with the community level of care.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section H, Subsection 1 (13f). Report of Sexual Violence in an SCDJJ Facility states that all youth who have been victimized by sexual abuse in any confinement facility will be offered medical and mental health evaluation, follow-up services, treatment plans, and, if necessary, referrals for continued care following their transfer to, or placement in, other facilities, or release from custody. The services provided will be consistent with community standards of care.

115.383 (d): Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

PAQ 115.383 (d)-1 SCDJJ Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H, Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection 13g., page 11 states youth victims of sexually abusive vaginal penetration, while incarcerated, will be offered pregnancy tests and as appropriate, tests for sexually transmitted infections. Youth will receive timely and comprehensive information about and access to all lawful pregnancy-related medical services without financial cost, regardless of whether the victim cooperates with any investigation. This facility is a male facility with zero transgender males present during the facility's onsite visit.

115.383 (e): If pregnancy results from the conduct described in paragraph (d) of this

section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

PAQ 115.383 (e)-1 SCDJJ If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H, Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection 13g., page 11 states youth victims of sexually abusive vaginal penetration, while incarcerated, will be offered pregnancy tests and as appropriate, tests for sexually transmitted infections. Youth will receive timely and comprehensive information about and access to all lawful pregnancy-related medical services without financial cost, regardless of whether the victim cooperates with any investigation. This facility is a male facility with zero transgender males present during the facility's onsite visit.

115.383 (f): Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

PAQ 115.383 (f)-1 SCDJJ confirmed that youth victims of sexual abuse, while incarcerated, are offered tests for sexually transmitted infections as medically appropriate. Section H, Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection 13g., page 11 states youth victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests and, as appropriate, tests for sexually transmitted infections. Youth will receive timely and comprehensive information about and access to all lawful pregnancy-related medical services without financial cost regardless of whether the victim cooperates with any investigation. This facility is a male facility with zero transgender males present during the facility's onsite visit.

During the audit process, the Auditor interviewed a medical practitioner. The practitioner confirmed that the facility youth victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate. Medical records or secondary documentation that demonstrate victims receive medical and mental health services consistent with the community level of care is forthcoming. Documentation of youth who reported sexual abuse in the form of investigations is forthcoming.

115.383 (g): Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

PAQ 115.383 (g)-1 SCDJJ confirmed that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H, Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection 13g., page 11 states youth victims of sexually abusive vaginal penetration, while incarcerated, will be

offered pregnancy tests and as appropriate, tests for sexually transmitted infections. Youth will receive timely and comprehensive information about and access to all lawful pregnancy-related medical services without financial cost, regardless of whether the victim cooperates with any investigation. This facility is a male facility with zero transgender males present during the facility's onsite visit.

115.383 (h): The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

PAQ 115.383 (h)-1 SCDJJ The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section H, Response to an Alleged Sexual Violent Act in an SCDJJ Facility, Subsection C (d), page 8 indicated that A mental health evaluation of all known youth-on-youth abusers will be conducted within 60 days of learning of such abuse history, and that treatment will be offered when deemed appropriate by mental health clinicians.

Medical records or secondary documentation that demonstrate victims receive medical and mental health services consistent with the community level of care is forthcoming. Documentation of youth who reported sexual abuse in the form of investigations is forthcoming.

Corrective Action:

1. 115.383 (a): The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Medical records or secondary documentation demonstrating that victims receive medical and mental health services consistent with the community level of care are forthcoming. Documentation of youth who reported sexual abuse in the form of investigations is forthcoming. SCDJJ will provide this Auditor with investigative reports of sexual abuse for examination with, if applicable, supplemental secondary documentation that demonstrates victims receive medical and mental health services consistent with the community level of care.
2. 115.383 (b): The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Medical records or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities or their release from custody are forthcoming if applicable.

	<p>3. PAQ 115.383 (g)-1 SCDJJ confirmed that treatment services are provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. Medical records or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities or their release from custody are forthcoming if applicable.</p> <p>4. PAQ 115.383 (h)-1 SCDJJ The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Medical records or secondary documentation that demonstrate victims receive follow-up services and appropriate treatment plans and, when necessary, referrals for continued care following their transfer to or placement in other facilities or their release from custody are forthcoming if applicable.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. SCDJJ Policy 603 Youth's Unimpeded Access to Health Care, Procedural Guidelines (effective 04/06/2020) 3. SCDJJ Policy 336 Application of PREA Standards (effective 05/06 2021). 4. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth (effective 05/06 2021). 5. Interview with a medical and mental health practitioner <p>Conclusion:</p> <p>The narrative includes 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.</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.386 (a): The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be

unfounded.

PAQ 115.386 (a)-1 SCDJJ confirmed "yes" that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

SCDJJ Policy 336 Application of the PREA Standards, Section I, Data Collection and Review, Subsection 2, page 10, indicates all SCDJJ facility Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review within 30 days of receiving a completed investigative report of an allegation of sexual abuse or sexual harassment to determine if changes are necessary and determine the possible causes of the incident. This incident review and its findings will be documented in a standard report and filed with the facilities' Validation Administration/PREA Coordinator. All recommended changes to policy, procedures, and/or practices will be documented and implemented unless otherwise directed, which will also be documented. [PREA Standard(s) §115.386], (Also see SCDJJ Form 321B Sexual Abuse and Sexual Harassment Incident Review Form).

During the onsite audit, a member of the Sexual Abuse Response Teams (SARTs) confirmed that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. On review of SCDJJ's list of incidents and grievances related to sexual abuse and sexual harassment, the Auditor found two administrative investigations listed as unsubstantiated but no evidence of the completion of an incident review for either.

115.386 (b): Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

PAQ 115.386 (b)-1 SCDJJ confirms "yes" that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

SCDJJ Policy 336 Application of the PREA Standards, Section I, Data Collection and Review, Subsection 2, page 10, indicates all SCDJJ facility Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review within 30 days of receiving a completed investigative report of an allegation of sexual abuse or sexual harassment to determine if changes are necessary and determine the possible causes of the incident. This incident review and its findings will be documented in a standard report and filed with the facilities' Validation Administration/PREA Coordinator and the agency's Validation Administration/PREA Coordinator. All recommended changes to policy, procedures, and/or practices will be documented and implemented unless otherwise directed, which will also be documented. [PREA Standard(s) §115.386], (Also see SCDJJ Form 321B Sexual Abuse and Sexual Harassment Incident Review Form). This substandard requires corrective action.

During the onsite audit, a member of the Sexual Abuse Response Teams (SARTs) confirmed that the facility conducts a sexual abuse incident review after every criminal or administrative sexual abuse investigation unless the allegation has been

determined to be unfounded. On examination, this Auditor reviewed the SCDJJ's list of incidents and grievances related to sexual abuse and sexual harassment for this relevant review period. The Auditor identified two administrative investigations listed as unsubstantiated, with no evidence of the completion of an incident review. Also see SCDJJ Form 321B Sexual Abuse and Sexual Harassment Incident Review Form. This substandard requires corrective action.

115.386 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

PAQ 115.386 (c)-1 SCDJJ The sexual abuse incident review team includes upper-level management officials and allows input from line supervisors, investigators, and medical or mental health practitioners.

SCDJJ Policy 336 Application of the PREA Standards, Section I, Data Collection and Review, Subsection 2, page 10, indicates all SCDJJ Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review within 30 days of receiving a completed investigative report of an allegation of sexual abuse or sexual harassment to determine if changes are necessary and determine the possible causes of the incident. This incident review and findings will be documented in a standard report and filed with the facilities' PREA Compliance Manager and the agency's Validation Administration/PREA Coordinator. All recommended changes to policy, procedures, and/or practices will be documented and implemented unless otherwise directed, which will also be documented. [PREA Standard(s) §115.386], (Also see SCDJJ Form 321B Sexual Abuse and Sexual Harassment Incident Review Form).

During the onsite audit, a member of the Sexual Abuse Response Teams (SARTs) confirmed that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. Upon examination, I reviewed the SCDJJ's list of incidents and grievances related to sexual abuse and sexual harassment. I found two administrative investigations listed as unsubstantiated, but there was no evidence of the completion of an incident review. Additionally, I examined SCDJJ Form 321B, Sexual Abuse and Sexual Harassment Incident Review Form, for compliance with this standard. It was noted that the SART's participants in incident reviews and their positions could not be determined due to a lack of evidence. This substandard requires corrective action.

115.386 (d): The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise 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) Assess 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; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

115.386 (d)-1 The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

During the onsite audit, a member of the Sexual Abuse Response Teams (SARTs) confirmed that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. Upon examination, a review of the SCDJJ's list of incidents and grievances related to sexual abuse and sexual harassment found two administrative investigations listed as unsubstantiated, but there was no evidence of the completion of an incident review. Also see, SCDJJ Form 321B Sexual Abuse and Sexual Harassment Incident Review Form as additional documentation of evidence of compliance. This substandard requires corrective action..

115.386 (e): The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.

PAQ 115.386 (e)-1 SCDJJ confirmed "yes" that the facility implements the recommendations for improvement or documents its reasons for not doing so.

SCDJJ Policy 336 Application of the PREA Standards, Section I, Data Collection, Subsection 2, page 11, indicates that all SCDJJ facility Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review within 30 days of receiving a completed investigative report of an allegation of sexual abuse or sexual harassment to determine if changes are necessary and determine the possible causes of the incident. This incident review and its findings will be documented in a standard report and filed with the facility's PREA Compliance Manager and the agency's Validation Administration/PREA Coordinator. All recommended changes to policy, procedures, and/or practices will be documented and implemented unless otherwise directed, which will also be documented. [PREA Standard(s) §115.386].

During this facility audit process, the Facility Administrator was interviewed. He confirmed that the facility has an incident review team, as indicated in SCDJJ Policy 336 Application of the PREA Standards, Section I, Data Collection, Subsection 2, page 11. The Facility Administrator confirmed that in his role as administrator, he would document why a recommendation was not implemented or implement recommendations from the incident review team. There was no evidence of the completion of an incident review.

Evidence relied upon:

1. PAQ
2. SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021).
3. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth (effective 05/06/2021)
4. SCDJJ Form 321B Incident Review
5. Interview with the Superintendent
6. PREA Compliance Manager
7. Incident Review Team

Corrective Action:

1. PAQ 115.386 (a)-1 SCDJJ confirmed "yes" that the facility conducts a sexual abuse incident review after every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. During the onsite audit, a member of the Sexual Abuse Response Teams (SARTs) confirmed that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. On review of SCDJJ's list of incidents and grievances related to sexual abuse and sexual harassment, the Auditor found two administrative investigations listed as unsubstantiated but no evidence of the completion of an incident review for either. During the corrective action period, SCDJJ will submit evidence of compliance with this standard by providing investigations relevant to this review period. If the completed investigations are determined to be unsubstantiated or substantiated, the facility will submit an incident review. The incident reviews must meet all requirements outlined in this standard. The facility will forward the findings from the incident reviews to the Facility Administrator for action. The facility will provide the Auditor with all incident reviews required for this review period. The Auditor will monitor for compliance for the duration of the corrective action period.
2. PAQ 115.386 (b)-1 SCDJJ confirms "yes" that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. During the onsite audit, a member of the Sexual Abuse Response Teams (SARTs) confirmed that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. On review of SCDJJ's list of incidents and grievances related to sexual abuse and sexual harassment, the Auditor found two administrative investigations listed as unsubstantiated but no evidence of the completion of an incident review for either. During the corrective action period, SCDJJ will submit evidence of compliance with this standard by providing investigations relevant to this review period. If the completed investigations are determined to be unsubstantiated or substantiated, the facility will submit an incident review. The incident reviews must meet all requirements outlined in this standard. The facility will

forward the findings from the incident reviews to the Facility Administrator for action. The facility will provide the Auditor with all incident reviews required for this review period. The Auditor will monitor for compliance for the duration of the corrective action period.

3. PAQ 115.386 (c)-1 SCDJJ The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. I reviewed the SCDJJ's list of incidents and grievances related to sexual abuse and sexual harassment. I found two administrative investigations listed as unsubstantiated, but there was no evidence of the completion of an incident review. Additionally, I examined SCDJJ Form 321B, Sexual Abuse and Sexual Harassment Incident Review Form, for compliance with this standard. It was noted that the SART's participants in incident reviews and their positions could not be determined due to a lack of evidence. This substandard requires corrective action. During the corrective action period, SCDJJ will submit evidence of compliance with this standard by providing investigations relevant to this review period. If the completed investigations are determined to be unsubstantiated or substantiated, the facility will submit an incident review. The incident reviews must meet all requirements outlined in this standard. The facility will forward the findings from the incident reviews to the Facility Administrator for action. The facility will provide the Auditor with all incident reviews required for this review period. The Auditor will monitor for compliance for the duration of the corrective action period.
4. PAQ 115.386 (e)-1 SCDJJ confirmed "yes" that the facility implements the recommendations for improvement or documents its reasons for not doing so. Upon examination, a review of the SCDJJ's list of incidents and grievances related to sexual abuse and sexual harassment found two administrative investigations listed as unsubstantiated, but there was no evidence of the completion of an incident review. During the corrective action period, SCDJJ will submit evidence of compliance with this standard by providing investigations relevant to this review period. If the completed investigations are determined to be unsubstantiated or substantiated, the facility will submit an incident review. The incident reviews must meet all requirements outlined in this standard. The facility will forward the findings from the incident reviews to the Facility Administrator for action. The facility will provide the Auditor with all incident reviews required for this review period. The Auditor will monitor for compliance for the duration of the corrective action period.

Conclusion:

The narrative above includes 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.

115.387	Data collection
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 1460 454">115.387 (a): The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="280 499 1476 611">115.387 (a)-1 SCDJJ confirmed "yes" that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="280 656 1476 902">SCDJJ Policy 336, Section I. Data Collection and Review, Subsection 1, page states in accordance with SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth, SCDJJ will collect data to accurately track all sexual abuse and sexual harassment. This data will be reviewed by the SCDJJ Executive Management Team and all facility-level management teams on an annual basis to improve operations and services. [PREA Standard(s) §115.386].</p> <p data-bbox="280 936 1444 1182">SCDJJ Policy 336, Section J. Data Collection and Review, Subsection 1, pages 10, states SCDJJ will report to the Bureau of Justice Statistics, SLED, and any other federal and/or state authority that requires this information annually all acts of sexual abuse, staff sexual harassment, and staff sexual misconduct with youth as described in SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth, for all its facilities and contracted facilities. [PREA Standard(s) §115.387]</p> <p data-bbox="280 1216 1460 1507">SCDJJ Policy 336, Section J. Data Collection and Review, Subsection 1, pages 10, states consistent with SCDJJ Policy 321, SCDJJ will collect data that will assist SCDJJ in reducing the risk of sexual abuse and/or sexual activity occurring within SCDJJ facilities. SCDJJ will compile the information that relates to the prevalence of sexual abuse and/or sexual activity within the facilities, including circumstances that contribute to this kind of behavior, in order to provide insight into potential strategies for its reduction or elimination. [PREA Standard(s) §115.387, 115.388]</p> <p data-bbox="280 1585 1444 1653">115.387 (b): The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p data-bbox="280 1697 1444 1944">SCDJJ Policy 336, Section J. Data Collection and Review, Subsection 1, pages 10, states SCDJJ will report to the Bureau of Justice Statistics, SLED, and any other federal and/or state authority that requires this information annually all acts of sexual abuse, staff sexual harassment, and staff sexual misconduct with youth as described in SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth, for all its facilities and contracted facilities. [PREA Standard(s) §115.387].</p> <p data-bbox="280 1977 1444 2089">A sample of aggregated data, referred to as SCDJJ PREA DATA 2022, includes axis data by allegation by month, investigative outcome (e.g., substantiated, unsubstantiated, or unfounded), by SCDJJ facility, referrals to outside entities for</p>

investigation, allegation type (e.g., sexual abuse or sexual harassment), and comparison with previous years.

During her interview with the Validation Administrator/PREA Coordinator, she confirmed that the agency shall aggregate the incident-based sexual abuse data at least annually.

115.387 (c): The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

115.387 (d): The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

During her interview with the Validation Administrator/PREA Coordinator, she confirmed that the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Incident reviews for this relevant period were unavailable.

115.387 (e): The agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

During her interview with the Validation Administrator/PREA Coordinator, she confirmed that the agency shall aggregate the incident-based sexual abuse data at least annually from every private facility with which it contracts for the confinement of its youth.

115.387 (f): Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

During her interview with the Validation Administrator/PREA Coordinator, she confirmed that upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Evidence relied upon:

1. PAQ
2. SCDJJ Policy 336 Application of the PREA Standards (effective 05/06/2021).
3. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth (effective 05/06/2021)
4. SCDJJ Policy 920 Youth Grievance Process (effective 10/15/2023)
5. SCDJJ definitions
6. SCDJJ collection instrument
7. SCDJJ 2022 PREA Annual Report, sample of aggregated data
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	<p>Corrective Action:</p> <p>The audited facilities will provide the Auditor with all applicable incident reviews for the relevant review period.</p> <p>Conclusion:</p> <p>The narrative above includes 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.</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.388 (a): The agency shall 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 (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>115.388 (a)-1 Confirms that SCDJJ reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</p> <ul style="list-style-type: none"> • Identifying problem areas; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. <p>During the audit review period, the Auditor reviewed the SCDJJ 2022 PREA Annual Report and found several issues. The 2022 report failed to identify problem areas, describe corrective actions taken in prior years, and assess the agency's progress in addressing sexual abuse. The sample corrective action provided by the agency, PREA Corrective Action Notice Area of PREA Non-compliance, was generic and did not mention the applicable facility. Additionally, the annual review did not include findings and corrective actions for each facility or for the agency as a whole. This substandard requires corrective action.</p> <p>The Auditor interviewed the designated agency head, who is the Chief of Staff, during the audit process. The Chief of Staff confirmed that the agency reviews data collected and aggregated as required by § 115.387. This review is intended to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training. According to the Chief of</p>

Staff, the agency's review process involves:

1. Identifying problem areas
2. Taking corrective action continuously
3. Preparing an annual report that outlines findings and corrective actions for each facility and for the agency as a whole.

The Agency Head then reviews and approves the report before placing it on the agency's public website.

The Auditor interviewed the SCDJJ Validation Administrator/PREA Coordinator. She confirmed that the agency reviews data collected and aggregated as required by § 115.387. This review is intended to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training. According to the Chief of Staff, the agency's review process involves:

1. Identifying problem areas
2. Taking corrective action continuously
3. Preparing an annual report that outlines findings and corrective actions for each facility and the agency.

The Agency Head then reviews and approves the report before placing it on the agency's public website.

The Auditor interviewed the JDC Facility Administrators. Each administrator is responsible for collecting facility-specific data as required by § 115.387. They must then provide the **SCDJJ Validation** Administrator/PREA Coordinator with the aggregated data, corrective actions, and any identified PREA-related issues or concerns related to preventing sexual abuse and harassment at their facility.

115.388 (b): This report shall compare the current year's data and corrective actions with those from prior years and assess the agency's progress in addressing sexual abuse.

During the audit review period, the Auditor reviewed the SCDJJ 2022 PREA Annual Report and found several issues. The 2022 report failed to identify problem areas, describe corrective actions taken in prior years, and assess the agency's progress in addressing sexual abuse. The sample corrective action provided by the agency, PREA Corrective Action Notice Area of PREA Non-compliance, was generic and did not mention the applicable facility. Additionally, the annual review did not include findings and corrective actions for each facility or the agency as a whole. This substandard requires corrective action.

115.388 (c): The agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.

PAQ 115.388 (c)-1 SCDJJ confirmed "yes". The agency makes its annual report readily available to the public at least annually through its website.

According to the SCDJJ Chief of Staff, the SCDJJ PREA Annual Reports are approved by the Agency Head before being published on the agency's website.

PAQ 115.388 (c)-2 Does not apply to SCDJJ. The agency makes it (PREA Annual Report) available through other means.

PAQ 115.388 (c)-3 SCDJJ confirmed "yes." The agency head approves the annual reports.

115.388 (d): The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

PAQ 115.388 (d)-1 SCDJJ confirmed "yes." When the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the facility's safety and security.

PAQ 115.388 (d)-2 SCDJJ confirmed "yes." The agency indicates the nature of the material redacted.

The SCDJJ Validation Administrator/PREA Coordinator confirmed that SCDJJ might redact specific material from the reports when publication presents a clear and specific threat to the safety and security of a facility , but the nature of the material redacted must be indicated.

Evidence relied upon:

1. Pre-audit questionnaire
2. Interview with the Agency head designee
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager
5. Internet search SCDJJ data
6. Documentation of corrective actions notice

Corrective Action:

1. 115.388 (a)-1 Confirms that SCDJJ reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:
2.
 - Identifying problem areas;
 - Taking corrective action on an ongoing basis; and
 - Prepare an annual report outlining the findings of its data review and any corrective actions for each facility and the agency as a whole.
3. SCDJJ will submit a 2023 SCDJJ PREA Annual Report. The Annual Report will include (1) Identifying problem areas, (2) Taking corrective action on an ongoing basis, and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
4. The report will be submitted to the Agency's head for approval to publish the document and post it to the agency's website.

	<p>5. SCDJJ will provide this Auditor evidence of full compliance.</p> <p>Conclusion:</p> <p>1. The narrative above includes 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.</p>
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115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.389 (a): The agency shall ensure that data collected pursuant to § 115.387 are securely retained.</p> <p>PAQ 115.389 (a)-1 SCDJJ confirmed: yes." The agency ensures that incident-based and aggregate data are securely retained.</p> <p>SCDJJ Policy Retention and Disposition of Departmental Records, Section Policy, page 1, indicates that SCDJJ will maintain a program for the retention and disposition of records in accordance with laws and regulations. Departmental records include all official copies of books, papers, maps, photographs, cards, tapes, recordings, or other documentary materials, regardless of physical form or characteristics prepared, owned, used, in the possession of, or retained by a public body.</p> <p>SCDJJ Policy Retention and Disposition of Departmental Records, Section Procedural Guidelines, Subsection A., page 1, indicates that the Records Manager will administer the records retention and disposition program and provide necessary training and technical assistance to staff. The Records Manager will follow Title 30 of the Code of Laws of South Carolina, 1976, which mandates that SCDJJ establish and maintain an active, continuing program of records management consistent with the S.C. Department of Archives and History (SCDAH) procedures.</p> <p>SCDJJ Policy Retention and Disposition of Departmental Records, Section Procedural Guidelines, Subsection A, page 1, indicates that the. The SCDJJ program will include processes to accommodate the timely storage, retrieval, retention, and disposition of records to include electronic information created, utilized and maintained by all Divisions within the SCDJJ.</p> <p>During her interview, the Validation Administrator/PREA Coordinator confirmed that</p>

SCDJJ ensures incident-based and aggregate data are securely retained.

115.389 (b): The agency shall make all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts readily available to the public at least annually through its website or, if it does not have one, through other means.

PAQ SCDJJ 115.389 (b)-1 confirmed "yes." The SCDJJ policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

During an internet search, the Auditor confirmed that SCDJJ aggregates sexual abuse data from facilities under its direct control and private facilities with which it contracts. This data is made readily available to the public, at least annually, through its website. The most recent data posted was from the 2022 PREA Annual Report. Corrective action is required. SCDJJ is required to post the 2023 annual report to the agency's website or make the data available to the public in another way. This substandard requires corrective action.

PAQ 115.389 (b)-2 SCDJJ confirmed "NO." The agency does not make it available through other means.

115.389 (c): Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers.

PAQ 115.389 (c)-1 SCDJJ confirmed "yes." Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

This Auditor examined a sample of publicly available sexual abuse data to check that personal identifiers have been removed. She found no personal identifiers.

115.389 (d): The agency shall maintain sexual abuse data collected pursuant to § 115.387 for at least ten years after the date of its initial collection unless Federal, State, or local law requires otherwise.

PAQ 115.389 (d)-1 SCDJJ confirmed that SCDJJ maintains sexual abuse data collected pursuant to §115.387 for at least ten years after the date of initial collection unless federal, state, or local law requires otherwise.

Record Storage

During the site review, the auditor observed that some file records were physically stored. The observed file storage was located behind locked doors in secure file cabinets with locks and keys. Additionally, medical and mental practitioners confirmed that most medical records are maintained electronically. Electronic medical record storage is safeguarded by encryption and password protection, and access to personal information is restricted for youth.

During an informal conversation with administrative staff, she indicated that

	<p>physical files are secured behind a locked door inside file cabinets with locks. Access to sensitive files is limited to persons approved by the Facility Administrator.</p> <p>Evidence relied upon:</p> <ol style="list-style-type: none"> 1. PAQ 2. Facility tour and site review 3. Internet Search SCDJJ website 4. Interview with the PREA Coordinator 5. SCDJJ Policy 123 Retention and Disposition of Departmental Records (effective 10/09/2019) 6. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth (effective 05/06/2021) <p>Corrective Action:</p> <p>PAQ SCDJJ 115.389 (b)-1 confirmed "yes." The SCDJJ policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>During an internet search, the Auditor confirmed that SCDJJ aggregates sexual abuse data from facilities under its direct control and private facilities with which it contracts. This data is made readily available to the public, at least annually, through its website. The most recent data posted was from the 2022 PREA Annual Report. Corrective action is required. SCDJJ is required to post the 2023 annual report to the agency's website or make the data available to the public in another way. This substandard requires corrective action.</p> <p>Conclusion:</p> <ol style="list-style-type: none"> 1. The narrative above includes 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.
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.401 (a): During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency or by a private organization on behalf of the agency is audited at least once.</p>

115.401 (b): August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency or by a private organization on behalf of the agency is audited.

According to the agency Validation Administrator/PREA Coordinator at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.

115.401 (h): The auditor shall have access to and shall observe all areas of the audited facilities.

The Auditor confirms that she had access to and observed all areas of the audited facility.

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

The Auditor was permitted to request copies of any relevant documents including electronic documents.

115.401 (m): The auditor shall be permitted to conduct private interviews with residents.

The Auditor confirms she was permitted to conduct private interviews with youth.

115.401 (n): Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.

During a facility tour, the Auditor noticed audit notices displayed in all living units and common areas accessible to staff and visitors. Additionally, the auditor confirmed during interviews with both random and targeted youth that the notices were posted throughout the facility. The Auditor received no letters from this facility during the relevant review period.

Evidence relied upon:

1. PAQ
2. Review records
3. Internet search

Conclusion:

1. The narrative above includes 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.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f): The agency shall ensure that the auditor’s final report is published on its website if it has one or is otherwise readily available to the public.</p> <p>By examination of the agency's official website, this Auditor confirmed that SCDJJ's final reports are published on the agency’s website if it has one or is otherwise made readily available to the public.</p> <p>Conclusion:</p> <ol style="list-style-type: none"> 1. SCDJJ met the requirements of this standard in all material ways during the relevant review period.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	no
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	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
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	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?	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?	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
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	no

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	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?	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?	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?	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
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	no
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	no
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

	Residents who have speech disabilities?	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's	yes

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	no
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	na
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	no
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

	the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in	yes

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(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
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

	does not provide a basis for terminating an investigation?	
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency	yes

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	no
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	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?	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?	no
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	no

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	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?	no
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	no

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