

PREA Facility Audit Report: Final

Name of Facility: Coastal Regional Evaluation Center

Facility Type: Juvenile

Date Interim Report Submitted: 10/15/2022

Date Final Report Submitted: 04/20/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: SONYA LOVE	Date of Signature: 04/20/2023

AUDITOR INFORMATION	
Auditor name:	Love, Sonya
Email:	sonya.love57@outlook.com
Start Date of On-Site Audit:	08/18/2022
End Date of On-Site Audit:	08/19/2022

FACILITY INFORMATION	
Facility name:	Coastal Regional Evaluation Center
Facility physical address:	331 Campbell Thickett Road , Ridgeville , South Carolina - 29472
Facility mailing address:	

Primary Contact	
Name:	Ashley Cobbs
Email Address:	AshleyACobbs@djj.sc.gov
Telephone Number:	8439009049

Superintendent/Director/Administrator	
Name:	Priscilla Pee
Email Address:	PriscillaYPee@djj.sc.gov
Telephone Number:	8038969311

Facility PREA Compliance Manager	
Name:	Ashley Cobbs
Email Address:	ashleyacobbs@djj.sc.gov
Telephone Number:	O: (843) 900-9049

Facility Health Service Administrator On-Site	
Name:	Gwendolyn Pittman
Email Address:	GwendolynPittman@djj.sc.gov
Telephone Number:	8439009009

Facility Characteristics	
Designed facility capacity:	112
Current population of facility:	37
Average daily population for the past 12 months:	23
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	11 - 18
Facility security levels/resident custody levels:	Secure confinement
Number of staff currently employed at the facility who may have contact with residents:	52
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:	3

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

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

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-08-18
2. End date of the onsite portion of the audit:	2022-08-19

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Pee Dee Coalition Against Domestic Violence and Sexual Violence, Dickerson Child Advocacy Center and Dee Norton Child Advocacy Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	40
15. Average daily population for the past 12 months:	23
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

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

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>Coastal is designated a male/female facility by the agency. During this audit period zero females were housed in this population. Female residents were moved to a different juvenile facility in South Carolina.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>42</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>0</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>3</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>Zero volunteers were present in the facility during this audit due to COVID precautions.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>36</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Due to low sample size this Auditor interviewed 36 residents.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	Low sample size
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	16
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This Auditor interviewed 36 residents which represented the entire population of residents on the first day of the audit. Zero disabled residents were identified.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This Auditor interviewed 36 residents which represented the entire population of residents on the first day of the audit. Zero LEP residents were identified.</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This Auditor interviewed 36 residents which represented the entire population of residents on the first day of the audit. Zero residents who were identified as blind or have low vision assigned to this facility.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This Auditor interviewed 36 residents which represented the entire population of residents on the first day of the audit. Zero deaf or hard-of-hearing residents using the "Disabled and Limited English Proficient Inmates" protocol were identified.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population was low. This Auditor interviewed all residents in the facility to determine in targeted residents could be identified for audit purposes.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This Auditor interviewed 36 residents which represented the entire population of residents on the first day of the audit. Zero residents identified as gay or bisexual. Female residents were relocated to another facility.</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This Auditor interviewed 36 residents which represented the entire population of residents on the first day of the audit. Zero residents identified as gay, bisexual, transgender or intersex. Female residents were relocated to another facility.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This Auditor interviewed 36 residents which represented the entire population of residents on the first day of the audit.</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This Auditor interviewed 36 residents which represented the entire population of residents on the first day of the audit.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This Auditor interviewed 36 residents which represented the entire population of residents on the first day of the audit. During the facility tour the Auditor noted zero residents being held in segregation.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<h2>Staff, Volunteer, and Contractor Interviews</h2>	
<h3>Random Staff Interviews</h3>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>8</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. 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>a. 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 checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input 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>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Interviews included two shift supervisors and two P/T custody contractors posted in the control room with zero contract with residents. One staff person was listed as tardy for duty.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Some specialized staff at Coastal were interviewed twice due to low-staffing numbers.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Documentation Sampling

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

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

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	1	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	1	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
a. Explain why you were unable to review any sexual harassment investigation files:	N/A
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
109. 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)
110. 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

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. 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)

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Non-certified Support Staff

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

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SCDJJ has written policies (Policy 321, Prevention of Sexual Offenses Toward Youth, and Policy 336, Applications of the PREA Standards). The guidelines mandate zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The Auditor examined the policies and the SCDJJ agency organizational chart and interviewed the PREA Coordinator and the Coastal PREA Compliance Manager. During her interview, the PREA Compliance Manager confirmed having sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Coordinator position is at the agency hierarchy's upper level. The PREA Coordinator reports to the agency Chief of Staff, who reports to the agency Director. More, during an interview with the PREA Coordinator, having sufficient time authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all facilities. The PREA Coordinator confirmed that SCDJJ has multiple juvenile facilities. After a review of the agency's website, the Auditor determined that certified PREA Auditors conducted PREA audits of SCDJJ's facilities in the year 2021.</p> <p>The evidence relied upon to make Auditor's determination:</p> <ul style="list-style-type: none"> • PREA Audit: Pre-Audit Questionnaire Juvenile Facilities • SCDJJ Agency Organizational Chart • Interview with the PREA Compliance Manager • Interview with the PREA Coordinator • Review of the SCDJJ PREA Coordinator Job Description • PREA Compliance Facility Organizational Chart • Review of documentation designating a Facility Director • SCDJJ Policy 321 - Policy Prevention of Sexual Offenses toward Youth • SCDJJ Policy 336 - Application of the PREA Standards - May 05, 2021

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>SCDJJ is a public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies. It shall include the entity's obligation to adopt and comply with the PREA standards in any new agreement or renewal. Policy 321, Prevention of Sexual Offenses Toward Youth, and Policy 336, Application of the PREA Standards. According to the PREA Coordinator and a representative from contract management, any new contract or contract renewal shall provide agency contract monitoring to ensure that the contractor complies with the PREA standards.</p> <p>The evidence relied upon to make Auditor's determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire Juvenile Facilities • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth • Staff interviews with the PREA Coordinator and contract representative

115.313	Supervision and monitoring
	Auditor Overall Determination: Does Not Meet Standard
	Auditor Discussion
	<p>115.313 (a) SCDJJ, Policy 321 Prevention of Sex offenses toward Youth, The South Carolina Department Juvenile Justice (SCDJJ) has a zero-tolerance standard for youth-on-youth sexual violence or any form of staff sexual harassment staff sexual misconduct with a youth. SCDJJ staff will reportedly respond to and investigate all allegations/reports of sexual violence involving youth and staff sexual harassment or staff sexual misconduct with youth and will cooperate with and support the prosecution of all responsible parties involved in such conduct.</p> <p>SCDJJ Policy 336, Application of the Prison Elimination Act (PREA) Standards, confirmed that the agency has a documented policy that mandates the development and annual review of a facility staffing plan. The staffing plan provides adequate staffing levels and, where applicable, video monitoring to protect residents against sexual abuse confirms that Coastal has a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.</p> <p>In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan the facility considered factors such as: Generally accepted resident detention and correctional/secure residential practices, any judicial finding of inadequacy, any findings of inadequacy from internal or external oversight bodies, components of the facility's physical plant (e.g., blind spots), the composition of the resident population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable State or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and other relevant factors.</p> <p>115.313 (b) SCDJJ mandates each facility (e.g., Coastal) to develop and comply with a written and documented staffing plan. The agency has a policy that mandates that all facilities review at least yearly in cooperation between the Facility Administrator and the Agency Standards Manager under SCDJJ Policy 513, Supervision of Youth in Secure Facilities, and the PREA Juvenile Facility Standards. [PREA Standard(s) §115.313 (a)], each facility's written staffing plan should reflect pursuance to and maintenance of staffing ratios of 1:8 during waking hours established by</p> <p>115.313 (c) SCDJJ facility standard operating procedures, and 1:16 during sleeping hours. [PREA Standard(s) §115.313 (c)], b. Each facility will document and log all instances of non-compliance with the staffing ratios, including written corrective action plans. All documentation of non-compliance will be provided to the facility PbS/PREA Compliance Coordinator for filing purposes. [PREA Standard(s) §115.313 (c)]. Problematic, the CEC facility staffing plan includes females. The Auditor did not interview females during the audit. Based on agency needs, population size, and</p>

the pandemic, SCDJJ could identify CEC as an evaluation center for female residents. Females were last assigned to CEC on 11/26/2020; therefore, the annual review should reflect the current population type, thus excluding females. The CEC staffing plan indicates one custody staff per living unit but a designated capacity of 100 residents across four living units (e.g., Delta, Charlie, Echo, and Diamond). Staffing levels should not be dependent in sum on the number of posts but on the number of residents in any area and the time of day (1:8) daytime and 1:16 at night.

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

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

115.313 (d) In the past 12 months, the Auditor found evidence that Coastal, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to the established staffing plan to paragraph (a) of this section.

In the past 12 months, the Auditor found evidence that Coastal, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns.

In the past 12 months, the Auditor found evidence that Coastal, 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.

In the past 12 months, the Auditor found evidence that Coastal, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether

adjustments are needed to the resources the facility has available to commit to ensuring adherence to the staffing plan.

115.313 (e) Coastal has implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. By examination, the Auditor sampled documentation during facility rounds. SC JJ Policy 336, Application of the Prison Elimination Act (PREA) Standards, mandates each facility to implement a practice of conducting unannounced rounds for night shifts as well as day shifts. SC JJ Policy 336 also prohibits staff from alerting other staff members that these supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility.

Noteworthy: By examination, this Auditor confirmed that SCDJJ continues to aggressively recruit and hire custody to address ratio deficiencies noted in this standard by advertising on the agency's official website and other social media platforms. Thanks to funding awarded by the South Carolina General Assembly in 2022, DJJ increased salaries and bonuses for JCOs and streamlined career advancement opportunities for officers.

Salaries: \$39,140 up to \$72,339

Built-in increases at six- and 18-months employment periods remain in effect. Career advancement through ranking officer positions also come with competitive salary increases state benefits, such as paid vacation and sick leave, 13 paid holidays per year, Police Officers Retirement System (PORS), Health/Life Insurance, Public Service Loan Forgiveness Program Discount Programs such as: Perks Card, Ticket at Work, and We Save annual retention bonuses are based on years of service and range from \$2500 to \$4000. SCDJJ offers individuals those who want to serve our youth in State part-time positions can take advantage of 4, 6, and 8-hour part-time JCO schedules. However, part-time JCOs are not included in the incentive programs. Further new JCO Referral Bonus of \$5,000 became effective July 1, 2022, through December 31, 2022!!

The evidence relied upon to make Auditor's determination:

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

<p>Corrective action Plan: The Auditor monitored the institutionalization of the agency's corrective action plan for Coastal to address this standard by sampling additional staff rosters. Further, once the PREA Coordinator submits the revised staffing plan, the Auditor will review the staffing to determine compliance with Standard 115.313. The efficacy of the corrective action will be contingent on the evidence provided by the agency to satisfy this standard. To date SCDJJ remains noncompliant with this standard. The agency continues to experience challenges meeting and maintaining mandatory staffing ratios.</p>
--

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.315 (a): The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning an examination of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>Random staff (7), including some correctional contractors interviewed, confirmed that Coastal should not conduct cross-gender strip searches or visual body cavity searches (meaning an examination of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. This Writer should mention that correctional contractors are prohibited from contact with a resident. Placement is limited to the gatehouse and control room. Documentation review and the Pre-Audit Questionnaire support that Coastal reported no exigent circumstances to precipitate a cross-gender search of any kind for this audit reporting period. During this reporting period, specialized staff and medical practitioners (2) sampled denied conducting cross-gender strip searches or cross-gender visual body cavity searches. During interviews with SCDJJ custody, all confirmed that female custody staff conducts pat searches of male residents due to constant same-gender staffing challenges.</p> <p>115.315 (b): The agency shall not conduct cross-gender pat-down searches except in exigent circumstances. The agency does not conduct cross-gender pat-down searches unless it is an exigent circumstance. According to SCDJJ Policy 312, Search Procedures, SCDJJ does not conduct cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat-down/frisk searches, except in limited and documented exigent circumstances. Staff will record all cross-gender searches on Form 312B, Cross-Gender Search [PREA Standard(s) §115.315 (a)(b)(c)].</p> <p>Random staff confirmed that SCDJJ, the agency, does not conduct cross-gender pat-down searches except in exigent circumstances. However, residents (12) (100%) sampled indicated that opposite-gender custody staff routinely conduct cross-gender pat-down searches of male juvenile residents. Staffing is problematic for this facility. Custody staff shift assignments comprise (4) keys/12-hour shifts. Each key has precisely (1) same gender officer working the key. In addition, one same-gender school resource officer works Monday-Friday. One (1) same-gender officer is currently on extended medical leave—the number of same-gender custody staff employed by Coastal totals five (5) across all keys. During the onsite audit, Coastal indicated a male custody staff of four across all keys, with one male staff person on restricted light duty.</p> <p>More, residents (100%) deny that Coastal staff conducted cross-gender strip searches or visual cavity searches of their person while detained at the facility. In addition, specialized staff medical practitioners (2) sampled denied instances of conducting any cross-gender strip or cross-gender visual body cavity searches.</p>

115.315 (c): Does the facility document and justify all cross-gender strip and visual body cavity searches? Does the facility document all cross-gender pat-down searches? Coastal documents and justifies all cross-gender pat-

Random staff interviewed (100%) (6) confirmed an SCDJJ agency requirement that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches are documented on Cross-Gender Search Document Form 312B/09-2020. Completing the same form requires a precise reason for the search, and the supervisor's name and signature are required. The form must be completed and turned over to the PREA Coordinator within five business days of cross-gender strip searches, visual body cavity searches, and cross-gender pat-down searches. The Auditor confirmed that Coastal documents all cross-gender pat-down searches. The facility documents and justifies all cross-gender strip searches and visual body cavity searches, according to the PREA Coordinator.

115.315 (d): Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

Coastal has implemented 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. The policies and procedures require a staff of the opposite gender to announce their presence when entering a resident housing unit. The Coastal staff of the opposite gender are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Interviews with random staff confirmed their understanding of policies and procedures that enable residents to shower, change clothes and perform bodily functions without opposite-gender viewing by the nonmedical staff of their breasts, buttocks, or genitalia except in exigent situations. Likewise, during the onsite visit, residents (100%) confirmed custody staff enables them to shower, perform bodily functions, or change clothing except in exigent circumstances. Residents were able to describe an example of an exigent circumstance where a lack of privacy could be incidental to custody staff conducting a count.

SCDJJ PREA-related policies and procedures require a staff of the opposite gender to announce their presence when entering a resident housing unit/area where residents are likely to be showering, performing bodily functions, or changing clothing. Random and specialized staff interviewed during this PREA Audit confirmed a policy requirement for opposite-gender staff to announce their presence upon entering a housing unit where residents are likely to be showering, performing bodily functions, or changing clothing. Moreover, random and targeted residents (12) confirmed that staff of the opposite gender consistently make announcements to alert residents when there are entering a housing unit. The onsite staff made opposite-gender announcements during the facility before entering each housing unit.

115.315 (e) Does the facility always refrain from searching or physically examining transgender or intersex residents to determine the resident's genital status? During the onsite visit, zero transgender/Intersex residents were assigned to the facility. It should be mentioned that random staff interviewed (7) SCDJJ and four contract security confirmed refraining from searching or physically examining transgender or intersex residents to determine the resident's genital status. It should be noted that contract security staff are limited to placement in the control room and the gatehouse. In addition, random and targeted residents (12) denied being searched by Coastal staff to determine the resident's genital status. If a Coastal resident's genital status is unknown, the facility would 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, according to intake staff. During this review period, zero documentation of instances where the medical team conducted such searches. During the onsite visit, zero new intakes occurred, but several Coastal released several from custody. In the past 12 months, the number of cross-gender pat-down searches of residents that did not involve exigent circumstance (s) was zero, according to the PAQ. In the past 12 months, the number of cross-gender pat-down searches of residents was zero, according to the PAQ. This standard requires corrective action.

The evidence relied upon to make auditor determination:

- Preaudit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth
- DJJ curriculum for Cross Gender Training
- PREA Poster: Opposite Gender Must Announce Upon Entry (Spanish and English)
- SCDJJ 336 Application of the PREA Standards - (5/6/2021)
- SCDJJ Policy 312 Search Procedures
- SCDJJ Policy 312B Cross-Gender Search Documentation Form
- Observation of Opposite Gender Staff Making Announcements
- Random SCDJJ custody staff (7), random and targeted resident (12) interviews
- Intake staff, Admission Specialist II
- PREA Coordinator

Corrective action: completed.

- The Auditor will continue to monitor staffing for the corrective action period.
- Hire more custody staff

- | | |
|--|---|
| | <ul style="list-style-type: none">• Evenly disburse same-gender staff across all keys• Continue advertising employment using multiple social media platforms such as Facebook, Indeed, Glassworks, etc.• Explore a revision to the current contract with a correctional vendor to the terms of the contract to allow part-time contract custody staff to work contact post with contact with residents only after being adequately trained, vetted, and under the strict supervision of certified custody. The agency re-mission Coastal to an all-female facility that complements the majority female custody staff. Coastal continues to make strides in hiring and training new custody staff and offering hiring incentives for employees. |
|--|---|

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.316 (a) SCDJJ/Coastal takes steps that include ensuring effective communication with deaf or hard-of-hearing residents, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The Auditor interviewed intake staff to discuss her approach when a resident is LEP or disabled (physically or intellectually) and requires assistance to benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The intake staffer produced the Auditor handbooks in Spanish. Intake staff sampled during the audit confirmed that PREA education is provided in verbal and written formats. The guide in Spanish would educate the LEP resident regarding the facility rules and how to report sexual abuse and sexual harassment. In addition, the said handbook, written in Spanish, would highlight other avenues to report sexual abuse to a third party and provide an address to a victim advocacy agency for emotional support. During her interview, the PREA Compliance Manager (PCM) provided evidence of the agency's contractual agreement with a language line to facilitate communication for limited English proficient residents (LEP). According to the PREA Compliance Manager, Coastal staff would assist a resident with low vision or blind would be assisted via large print, audio, or verbal communication.</p> <p>115.316 (b) SCDJJ takes reasonable steps to ensure meaningful access to the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment of limited English proficient residents. For example, during her interview, the Admission Specialist II/Intake staffer explained how to utilize the language line if a resident cannot communicate with her during the intake process. In addition, the PREA Coordinator and the PREA Compliance Manager confirmed that the direction to access the language line is also located in the control room and provided to all clinical and medical practitioners.</p> <p>115.316 (c) The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under standard, or the investigation of the resident's allegations.</p> <p>During random staff interviews (100%) of participants sampled confirmed that they always refrain from relying on resident interpreters, resident readers, or other types of resident assistance 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. During the audit, the facility identified zero residents as</p>

disabled. In addition, the PREA Compliance Manager denied the presents of any residents with a disability.

However, in a review of a sample data set (26), specifically this Auditor's assessment of Upstate Juvenile Intake Forms and the Vulnerable to Victimization or Sexual Aggression Screeners (VVSAS), at least one (1) resident was identified as hearing impaired, one with a learning disability, seven residents with cognitive disabilities which required medication and one resident rehabilitating from a broken leg. Noteworthy, Coastal medical and mental health practitioners were aware of the disabilities of each resident sampled and individually evaluated each resident.

The evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Interview with staff (random and specialized)
- Interview with residents (random and targeted)
- PREA Poster: Zero Tolerance (Spanish)
- PREA Poster: Zero Tolerance (English)
- SCDJJ Policy 336 Application of the PREA Standards - (5-6-2021)
- SCDJJ Policy 905 Juveniles with Disabilities
- Contract with Interpreters - Over-the-Phone Language Line

115.317	Hiring and promotion decisions
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1453 499">115.317 (a) According to the Assistant H.R. Director, SCDJJ prohibits the hiring or promotion of anyone who may have contact with residents who: Have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).</p> <p data-bbox="280 539 1465 736">According to the Assistant H.R. Director, SCDJJ, the agency prohibits the hiring or promotion of anyone who may have contact with residents who: Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.</p> <p data-bbox="280 777 1481 936">According to the Assistant H.R. Director, SCDJJ, the agency prohibits the hiring or promotion of anyone who may have contact with residents who: Have been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above.</p> <p data-bbox="280 976 1458 1135">According to the Assistant H.R. Director, SCDJJ, the agency prohibits the enlistment of services of any contractor who may have contact with residents who: Have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).</p> <p data-bbox="280 1176 1465 1373">According to the Assistant H.R. Director, SCDJJ, the agency prohibits the enlistment of services of any contractor who may have contact with residents who: Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.</p> <p data-bbox="280 1413 1481 1572">According to the Assistant H.R. Director, SCDJJ prohibits the enlistment of services of any contractor who may have contact with residents who: Have been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above.</p> <p data-bbox="280 1612 1477 1727">115.317 (b) According to the Assistant H.R. Director, SCDJJ considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents.</p> <p data-bbox="280 1767 1481 1881">According to the Assistant H.R. Director, SCDJJ considers any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents.</p> <p data-bbox="280 1921 1410 2036">According to the Assistant H.R. Director, SCDJJ considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents.</p>

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

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

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

According to the Assistant H.R. Director, before hiring new employees who may have contact with residents, the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

115.317 (d) SCDJJ, Policy 218, Employee Report of Arrest, Conviction, Child Abuse Registry, or Loss of Driver's License mandates criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents. SCDJJ provided the Auditor with a blank copy of an applicant's employment questionnaire for examination. SCDJJ, Policy 218, Employee Report of Arrest, Conviction, Child Abuse Registry, or Loss of Driver's License mandate criminal background record checks at least every five years for current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for existing employees. The Assistant H.R. Director confirmed that SCDJJ performs a criminal background record check before enlisting the services of any contractor who may have contact with residents. The Auditor verified by examination of seven sample employment documents that SCDJJ conducts criminal background checks on new, existing, and employees under consideration for promotions.

According to the Assistant H.R. Director, SCDJJ consults all applicable child abuse registries before enlisting the services of any contractor who may have contact with residents.

115.317 (e) According to the Assistant H.R. Director, SCDJJ Policy 230 Employee Recruitment and Selection either conducts criminal background record checks at least every five years of current employees and contractors who may have contact with residents or has a system in place for otherwise capturing such information for existing employees and contractors.

115.317 (f) According to the Assistant H.R. Director, SCDJJ asks all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions.

According to the Assistant H.R. Director, SCDJJ asks all applicants and employees

who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees.

According to the Assistant H.R. Director, SCDJJ imposes a continuing affirmative duty to disclose any such misconduct upon employees.

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

115.317 (h) According to the Assistant H.R. Director, SCDJJ provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom a such employee has applied to work.

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

The evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- List of New Hires (Past 12 Months) and the Criminal Background Checks
- List of Promoted Staff (Past 12 Months) and the Criminal Background Checks
- Background Checks New Employees (Contract/Custody)
- Five-Year Background Checks of Current Staff
- Five-Year Background Checks of Current Contractors (Medical/Allied)
- Background Checks of Volunteers
- SCDJJ Policy 218 Employee Report of Arrest, Conviction, Child Abuse Registry, or Loss of Driver's License
- Child Abuse Registry checks conduct every five years on all employees
- SCDJJ Policy 336 Application of the PREA Standards (5-6-2021)
- SCDJJ Policy 230 Employee Recruitment and Selection
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth

	<ul style="list-style-type: none">• SCDJJ New Employee Hiring Packet Checklist• Files of new Employees/Contractors hired in the past 12-month period (7)• Interview with the Assistant H.R. Director• Interview with new custody employees (7)
--	---

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.318 (a) If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. SCDJJ Policy 336 supports PREA Standards 115.318 (a).</p> <p>During this review period, Coastal did not make, design, or acquire any new facilities or plan any substantial expansion or modification of the existing facility according to the PREA Compliance Manager and the PREA Coordinator.</p> <p>115.318 (b) According to the PREA Coordinator/Executive Director PREA designee, if SCDJJ installs or updates a video monitoring system, electronic surveillance system, or other monitoring technology, SCDJJ would consider how such technology may enhance the agency's ability to protect residents from sexual abuse such as in the elimination of blind spots.</p> <p>The evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Observations of the Auditor during the on-site tour • Interviews with staff (random and specialized) • Interview with the Facility Director • Interview with the PREA Coordinator/Executive Director PREA designee • Interview with the PREA Compliance Manager • SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth - (5-06-2021) • SCDJJ Policy 314 Camera Surveillance • SCDJJ Policy 336 Application of the PREA Standards - (5-6-2021)

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.321 (a) If the agency is responsible for investigating allegations of sexual abuse, SCDJJ follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, according to the PREA investigator. Policy 328 Safety and Security and the Protocol for Alleged Sexual Assault involving Penetration indicates that SCDJJ will conduct administrative and criminal investigations in compliance with policy and State laws. The Division of Investigative Services will receive complaints, allegations, and grievances through verbal and written reports from employees, juveniles, volunteers, and others. Each report will be classified as administrative or criminal and thoroughly investigated and documented.</p> <p>The Auditor interviewed seven (7) random SCDJJ/Coastal Evaluation Center custody staff, and four (4) contract security staff were interviewed during the onsite portion of this audit and detailed how to maximize the potential for obtaining usable physical evidence. It should be noted that contract security staff are limited in their scope of work to control rooms and the gatehouse. For example, some custody staff sampled indicated they would not allow the victim or the accused to shower, change clothes or brush their teeth. Specialized medical practitioners indicated to maximize the potential for usable evidence, physical evidence obtained from a victim or witness would be bagged, tagged to ensure a transparent chain of evidence, and delivered to the SLED/shift supervisor as evidence. Custody staff (100%) interviewed during the site visit indicated that Investigator Reed and the PREA Coordinator were PREA Investigators for Coastal.</p> <p>115.321 (b) The protocol is developmentally appropriate for residents, according to the investigator assigned to Coastal Evaluation Center. Allegations serious in nature with potential criminal violations are given to the Criminal Investigations Section (CIS) for criminal investigation.</p> <p>The PREA investigator interviewed during the audit confirmed that the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol adopted by the SCDJJ, as appropriate, is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p>115.321 (c) According to the PREA Coordinator, SCDJJ/Coastal Evaluation Center offers all residents who experience sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Additionally, a resident is not required to pay for medical services such as (1) the service is provided in an emergency; (2) the</p>

service is provided because of an injury received in the correctional facility; or (3) the service is provided at the request of the administrator of a correctional facility.

SCDJJ offers all residents who experience sexual abuse access to forensic medical examinations, whether onsite or at an outside facility, without financial cost. Forensic analyses are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible, according to the PREA Coordinator. If a SAFEs or SANEs examiner cannot be made available, the examination would be performed by other qualified medical practitioners. According to the PREA Coordinator, the facility would document all efforts to provide a SANE or SAFE examiner. or medically appropriate. Coastal Evaluation Center will send victims of sexual abuse to the Medical University of South Carolina (MUSC), 96 Jonathan Lucas Street, Charleston, S.C. 29425.

115.321 (d) SCDJJ attempts to make available to the victim advocate from a rape crisis center open to the victim, in person or by other means. Random custody (7) contract security staff and specialized staff (medical practitioners) (2) each detailed for the Auditor the established Protocol for Alleged Sexual Assault involving Penetration. The protocol contained sufficient detail to assist first responders in protecting usable physical evidence until SLED arrives on the scene. According to the PAQ, Coastal data indicates zero sexual abuse forensic medical examinations occurred during this audit period. The number of exams performed by SANEs/SAFEs during the past 12 months was zero, confirmed by the PREA Coordinator and data found in the PAQ. Coastal medical practitioners (2) interviewed indicated the number of exams performed by a qualified medical practitioner during the past 12 months was zero.

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

115.321 (f) SCDJJ and SLED are responsible for conducting administrative and criminal investigations for allegations of sexual abuse. SLED-SCDJJ Memorandum of Understanding (MOU) supports this substandard. The MOU constitutes an agreement between the South Carolina Law Enforcement Division (SLED) and the South Carolina Department of Juvenile Justice (SCDJJ) to establish guidelines relating to the investigation of criminal cases and the notification of certain events on property controlled by SCDJJ.

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

115.321 (h) If SCDJJ uses a qualified agency staff member or a qualified community-based staff member to serve in this role of a victim advocate, the employee receives training and education concerning sexual assault and forensic examination issues, according to the PREA Coordinator and Director of Behavioral Health.

The evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 911 Clinical Crisis Intervention
- SCDJJ Policy 327 Investigations
- SCDJJ Policy 306 Juvenile's Unimpeded Access to Health Care
- SCDJJ Policy 918 Juvenile Rights and Responsibilities
- SCDJJ Policy 920 Juvenile Grievance Process
- MOU with Rape Crisis Center - Emails of Attempts
- Telephone conversation with staff from the outside entity providing services

- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Interview with an investigator
- Interviews with staff (random and specialized)
- Email: South Carolina Medical Forensic Examination Providers, 2020

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1474 584">115.322 (a) SCDJJ/Coastal ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse, as stated by the Investigator and PREA Coordinator. SCDJJ/Coastal ensures that administrative or criminal investigations are completed for all allegations of sexual harassment. In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was three (3) administrative/1 criminal investigation.</p> <p data-bbox="280 622 1474 824">115.322 (b) SCDJJ has a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to SLED. SLED has the legal authority to conduct criminal investigations. By examination, the Auditor identified Policy 328 Investigations published on the SCDJJ Website's main page. According to the Investigator, SCDJJ documents all such referrals.</p> <p data-bbox="280 862 1433 936">115.322 (c) SCDJJ conducts administrative and criminal investigations. Policy 328 Investigations describes the responsibilities of both the agency and SLED.</p> <p data-bbox="280 974 1166 1010">115.322 (d) The Auditor is not required to audit this provision.</p> <p data-bbox="280 1048 1158 1084">115.322 (e) The Auditor is not required to audit this provision.</p> <p data-bbox="280 1122 1193 1158">The evidence relied upon to make auditor determination:</p> <ul data-bbox="280 1196 1331 2018" style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with the PREA Compliance Manager • Interview with the PREA Coordinator • Interview with a representative from Dee Norton Child Advocacy Center • Internet web search: Review SCDJJ • Interview with the Director • Interviews with an agency Investigator • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 328 Investigations • SCDJJ Policy 233 Employee Sexual Harassment • SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth • SCDJJ/SLED MOU

115.331	Employee training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1461 539">115.331 (a) According to the PREA Coordinator and HR Director, SCDJJ trains all employees who may have contact with residents on its Zero Tolerance Policy for sexual abuse and sexual harassment. New employee onboarding packages confirm PREA-related training. By examination (7), onboarding employment packages confirm PREA-related training.</p> <p data-bbox="280 580 1461 779">According to the PREA Coordinator and HR Director, SCDJJ trains all employees who may have contact with residents to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. By examination (7), onboarding employment packages confirm PREA-related training.</p> <p data-bbox="280 819 1461 936">According to the PREA Coordinator and HR Director, SCDJJ trains all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment.</p> <p data-bbox="280 976 1461 1093">According to the PREA Coordinator and HR Director, SCDJJ trains all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.</p> <p data-bbox="280 1133 1461 1249">According to the PREA Coordinator and HR Director, SCDJJ trains all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities.</p> <p data-bbox="280 1290 1461 1406">According to the PREA Coordinator and HR Director, SCDJJ trains all employees who may have contact with residents on the typical reactions of juvenile victims of sexual abuse and sexual harassment.</p> <p data-bbox="280 1447 1461 1599">According to the PREA Coordinator and HR Director, SCDJJ trains all employees who may have contact with residents on detecting and responding to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.</p> <p data-bbox="280 1639 1461 1756">According to the PREA Coordinator and HR Director, SCDJJ trains all employees who may have contact with residents on how to avoid inappropriate relationships with residents.</p> <p data-bbox="280 1796 1461 1948">According to the PREA Coordinator and HR Director, SCDJJ trains all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.</p> <p data-bbox="280 1989 1461 2065">According to the PREA Coordinator and HR Director, SCDJJ trains all employees who may have contact with residents on how to comply with relevant laws related to</p>

mandatory reporting of sexual abuse to outside authorities.

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

115.331 (b) A review of the training curriculum confirmed that it is tailored to male juvenile detention facilities' unique needs and attributes. According to the PREA Coordinator, opposite-gender staff transferring from a female facility to a male juvenile facility are mandated to re-enter new employee onboarding, which includes PREA training. Furthermore, the training curriculum included topics such as residents on residents' right to be free from sexual abuse and sexual harassment, common reactions of sexual abuse and sexual harassment victims, how to avoid inappropriate relationships with residents, and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. Interviews with random custody staff confirmed PREA-related training. Zero of all custody staff (7) interviewed employment began more than six months ago.

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

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

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

The evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Interview with the PREA Compliance Manager/PREA Coordinator
- Interview with the Random Staff/sample of training records
- Interview with the Director of HR
- Interview with the Facility Director
- SCDJJ Policy 241 Staff Development and Training Requirements and Services

- | | |
|--|--|
| | <ul style="list-style-type: none">• SCDJJ Policy 302RD Contractor Conduct Agreement (Form)• SCDJJ Policy 914 Volunteer Services• SCDJJ Policy 336 Application of the PREA Standards• SCDJJ Policy 328 Investigations• SCDJJ Policy 233 Employee Sexual Harassment• SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth• Staff Documentation of Refreshers Training• Introduction To Trauma and Trauma-Informed Care (5.5 Hours).• Legal 101 for Juvenile Correctional Officers (2.75 Hours).• Abuse and Neglect Reporting• Legal Update and PREA (Children's Law Center)• PREA Standards PowerPoint Training• PREA and the Implications for SCDJJ Recertification Training |
|--|--|

115.332	Volunteer and contractor training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1458 707">115.332 (a). Policy 914 Volunteer Services, SCDJJ/Coastal mandates that all volunteers and contractors who have contact with residents are trained regarding their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Therefore, volunteers undergo Volunteer Orientation Training. Further, the training provides the initial volunteer orientation and training using the SCDJJ Volunteer Services Orientation and Training Manual (Attachment 914A). Upon completion of volunteer orientation training, Coastal submits Form 914F to the Volunteer Services Department. Additionally, the training includes PREA Training.</p> <p data-bbox="280 748 1469 1030">The number of Coastal volunteers and contractors, who have contact with residents and have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response was ten (10). Due to Covid-19 precautions, volunteers were excluded from providing programs and services to residents despite criminal backgrounds and sex registry clearances. In some instances, Volunteer Orientation Training lingered months behind criminal background verifications.</p> <p data-bbox="280 1070 1474 1312">115.332 (b) The PREA Coordinator confirmed during her interview that 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 with the level and type of training provided to volunteers and contractors based on the services they provide and level of contact they have with residents.</p> <p data-bbox="280 1352 1465 1675">115.332 (c) SCDJJ/Coastal maintains documentation confirming that volunteers and contractors understand their training. Currently, Coastal has three (3) volunteers and three (3) contractors authorized to enter the facility. Unfortunately, zero volunteers are being admitted into the facility due to the pandemic. The agency's curriculum for training provides the level and type of training based on the services they offer and the level of contact they have with residents. The curriculum also covers the agency's Zero-Tolerance Policy regarding sexual abuse and sexual harassment and informs residents on how to report such incidents.</p> <p data-bbox="280 1715 1203 1751">The evidence relied upon to make auditor determination:</p> <ul data-bbox="280 1787 1166 2038" style="list-style-type: none"> • Pre-Audit Questionnaire • SCDJJ Policy 302RC - Contractor Conduct Agreement • SCDJJ Policy 914 - Volunteer Services • SCDJJ Policy 336 - Application of the PREA Standards

- | | |
|--|---|
| | <ul style="list-style-type: none">• SCDJJ Volunteer Orientation Services Orientation, Department of Juvenile Justice (PPT)• Sample of training records completed by volunteers (Volunteer's Certification of Orientation and Agreement Form) (3)• SCDJJ Policy 302RD - Contractor Conduct Agreement• Interview with the PREA Compliance Manager• Interview with the PREA Coordinator• Interview with Coastal Volunteers• Interview with Coastal Chaplain/Volunteer Services |
|--|---|

115.333	Resident education
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 501">115.333 (a) During the intake process, residents (12) sampled confirmed receiving information explaining the agency’s Zero-Tolerance Policy regarding sexual abuse and sexual harassment and a handbook and brochure detailing the facility and agency rules.</p> <p data-bbox="280 542 1477 824">Residents (12) sampled confirmed receiving information explaining how to report incidents or suspicions of sexual abuse or sexual harassment. Each participant provided at least one example of a method to report sexual abuse or sexual harassment to a trusted person. Residents (12) sampled confirmed that PREA-related information was in a language they understood, and the information was presented as age-appropriate. Further, residents sampled indicated that orientation was given verbally, in writing, and in video format.</p> <p data-bbox="280 864 1477 1061">The Auditor sampled the same number (12) institutional files to confirm that each resident received information explaining the agency’s Zero -Tolerance Policy regarding sexual abuse and sexual harassment during their intake process. The Auditor determined that Coastal documents the delivery of PREA-related education in the resident’s institutional, clinical, and medical files.</p> <p data-bbox="280 1102 1477 1299">115.333 (b) According to Intake Staff interviewed, within ten days of intake, SCDJJ/ Coastal provides an age-appropriate comprehensive education to residents either in person or through video regarding Their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents and agency policies and procedures for responding to such incidents.</p> <p data-bbox="280 1339 1477 1451">115.333 (c) All residents (12) sampled during the onsite portion of this PREA audit confirmed receiving a comprehensive education referenced in 115.333(b) provided by the intake staff person, a Social Worker.</p> <p data-bbox="280 1491 1477 1603">Intake Staff interviewed confirmed that all residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident’s new facility differ from those of the previous facility.</p> <p data-bbox="280 1644 1477 2016">115.333 (d) According to Intake staff, SCDJJ provides resident education in formats accessible to all residents, including those who: Are limited English proficient. Intake Staff provided the Auditor with resident education in Spanish and English. Further, Coastal employs the language line to assist non-English speaking residents with communicating with staff. During the onsite portion of this audit, zero residents were identified as LEP. SCDJJ utilizes an “Over-the-phone” interpretive service that can interpret effectively, accurately, impartially, deceptively, and expressively, using any necessary specialized vocabulary. The “Over-the-phone” services are available 24 hours a day.</p> <p data-bbox="280 2056 1477 2092">The resident handbook and PREA brochure covered reporting incidents or suspicions</p>

of sexual abuse or sexual harassment. PREA-related education was also provided for residents with limited English proficiency (LEP), deaf, visually impaired, or otherwise disabled. Interviews with each resident confirmed that the information provided to residents was age appropriate. SCDJJ provides resident education in formats accessible to all residents, including those with limited reading skills. Residents included in the sample population were knowledgeable of their rights. While two (2) residents spoke Spanish, both indicated English as their commonly spoken language. Both residents confirmed that during the intake process, the Admission Specialist II questioned their preference to read, speak and write in English versus Spanish. During her interview, the Admission Specialist II confirmed that she is prepared to read PREA information out loud and enlist the assistance of a mental health practitioner or interpretive service to deliver the necessary PREA information to meet this standard.

115.333 (e) By examination of institutional files (12) and PREA-related orientation and education, the Auditor determined that Coastal maintains documentation of resident participation in PREA-related informational sessions. Random and targeted residents (12) interviewed during the onsite portion of this audit described the resident PREA education process. In addition, all residents interviewed confirmed that CEC provides vital information through unit posters, brochures, resident handbooks, and PREA videos.

In addition to providing PREA education during the intake process, Coastal Evaluation Center ensures that crucial information is continuously and readily available. During the facility tour, the Auditor noted that PREA-related information was displayed in Spanish and English and posted throughout the facility, including every living unit. All residents were well versed in the grievance process and felt that if they filed a grievance, facility staff would address it in a confidential and timely manner. Problematic, the PREA posters were difficult to read, visually distorted, and required replacing.

The evidence relied upon to make auditor determination:

- The Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 905 Juveniles with Disabilities
- SCDJJ Juvenile Receipt of Orientation
- SCDJJ PREA Brochure
- Auditor review of resident education materials
- Auditor review of resident's institutional files
- Interviews with staff (random) (7) and (4) Security Contractors

- Interview with the Director of Behavioral Health
- Interview with the PREA Compliance Manager
- Interview with Intake Staff
- Interviews with targeted and random residents (12)
- Facility tour

Corrective action

Coastal will replace all PREA posters on all living units. Problematic, the PREA posters were challenging to read, visually distorted, and required replacing. In addition, all PREA-related information and advocacy information will be relocated near the telephone to avoid drawing undue attention to a resident seeking contact information to report sexual abuse, sexual harassment, or emotional support services. The telephones were inoperable.

115.334	Specialized training: Investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1433 707">115.334 (a) SCDJJ mandates general PREA training for all employees/contractors/ volunteers under applicable PREA standards. Further, SCDJJ ensures that, to the extent the agency conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Accordingly, this Auditor examined the training credentials of the investigator assigned to the Coastal Evaluation Center (CEC). Moreover, during her interview, the investigator confirmed that she investigates all PREA-related allegations for CEC. Likewise, the same investigator confirmed completing the required general and specialized training according to § 115.331 and 115.334 (b).</p> <p data-bbox="280 748 1455 945">115.334 (b) According to the investigator interviewed during this audit, specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, appropriate abuse evidence collection in confinement settings, includes the criteria and evidence required to substantiate a case for administrative action or a referral for prosecution.</p> <p data-bbox="280 985 1449 1102">115.334 (c) By examination, this Auditor determines that SCDJJ/Coastal maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p data-bbox="280 1142 1193 1178">The evidence relied upon to make auditor determination:</p> <ul data-bbox="280 1218 1222 1751" style="list-style-type: none"> • Pre-Audit Questionnaire • SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth • SCDJJ Policy 336 Application of the PREA Standards • Interview with the PREA Coordinator • Interview with the PREA Compliance Manager • Interview with the Executive Director • Interview with an investigator (1) • Moss Group Specialize Investigators Training Curriculum Module <p data-bbox="280 1787 1177 1823">Module #1: Investigating Sexual Abuse in Correctional Settings</p> <p data-bbox="280 1863 1248 1899">Module #2: Legal Issues and Agency Liability: Guidance for the Field</p> <p data-bbox="280 1904 938 1939">Module #3: Investigations and Agency Culture</p> <p data-bbox="280 1944 1385 2020">Module #4: Trauma and Victim Response- Considerations for the Investigative Process</p> <p data-bbox="280 2024 1362 2060">Module #5: Role of Medical and Mental Health Practitioners in Investigations</p>

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

Module #7: Interviewing Juvenile Sexual Abuse Victims

Module #8: Reporting Writing

Module #9: Prosecutorial Collaboration

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

115.335	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.335 (a) According to the PREA Coordinator, SCDJJ has policies for training medical and mental health practitioners who regularly work in its facilities.</p> <p>SCDJJ ensures that all full- and part-time medical and mental health care practitioners who regularly work in its facilities have been trained to detect and assess signs of sexual abuse and sexual harassment.</p> <p>Medical (1) and mental health care practitioners (2) who regularly work at Coastal Evaluation Center are required to complete training on:(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. However, this audit found no evidence of such training. Therefore, this standard requires corrective action.</p> <p>115.335 (b) Medical (1) interviewed during the onsite portion of this audit deny conducting forensic examinations. According to the PREA Coordinator, forensic examinations would occur at Summerville Medical Center. Summerville Medical Center is a 124-bed acute-care hospital that has been serving families in surrounding communities for almost 30 years. The hospital has a 24-hour emergency room, including a dedicated ER for children.</p> <p>115.335 (c) By examination, the Auditor determined that SCDJJ/Coastal omitted documented evidence to affirm that SCDJJ maintains documentation that medical and mental health practitioners have received the training referenced in Standard 115.335 either from the agency or elsewhere. Therefore, this standard requires corrective action.</p> <p>115.335 (d) SCDJJ/Coastal medical and mental health care practitioners also receive training mandated for employees by §115.331. SCDJJ has no full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.</p> <p>The evidence relied upon to make Auditor's determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth • SCDJJ Policy 336 Application of the PREA Standards • Interviews with Medical and Mental Health Practitioners • Interview with the PREA Coordinator

- | | |
|--|---|
| | <ul style="list-style-type: none">• Review of training certifications for all medical and mental health staff |
|--|---|

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.341 (a) Within 72 hours of the resident’s arrival at the facility, does the agency obtain and use information about each resident’s personal history and behavior to reduce the risk of sexual abuse by or upon a resident. In addition, intake staff (1) interviewed confirmed that SCDJJ obtains other information periodically pertinent to a resident throughout a resident’s period of confinement.</p> <p>115.341 (b) SCDJJ/Coastal PREA Policy 321, Policy 336, and 501 support Standard 115. 341. The intake staff interviewed confirmed that screening assessments are conducted using an objective screening instrument. SCDJJ/Coastal PREA Policy 321, Policy 336, and 501 require all residents to be assessed for risk of victimization and abusiveness upon admission to the Coastal Juvenile Correctional Facility or upon transfer from another facility instead. The PREA Compliance manager confirmed that all PREA screening assessments were conducted by SCDJJ/Coastal using an objective screening instrument.</p> <p>115.341 (c) The Auditor sampled twelve (12) residents to determine compliance with this standard. Each resident (12) sampled confirmed during the intake process they were asked by intake staff the following questions: (1) Prior sexual victimization or abusiveness, (2) Any gender nonconforming appearance or manner or identification as gay, bisexual, transgender, or intersex, and whether the resident may be vulnerable to sexual abuse, (3) Current charges and offense history, (4) His age, (5) the resident’s level of emotional and cognitive development, (6) Considers the resident’s physical size and stature, (7) Any history of mental illness, mental Intellectual or developmental disabilities, (8) Physical disability. Questions on the Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) include questions such as Question 10 regarding a resident’s sex assignment at birth (e.g., male/female/intersex). Question 11 asks residents, “What is your gender identity,” male, female, transgender-male, transgender-female, or another self-identified category and preferred gender pronouns. SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Section G.5 indicates that in determining housing and programming for a resident who identifies as transgender or intersex, Coastal staff will complete the Transgender/Intersex Declaration of Preference State Form 321F and will utilize the juvenile’s preferences in their assignment decision on a case-by-case basis. Zero transgender or intersex residents were assigned to Coastal during the onsite portion of the audit. Intake staff interviewed during the onsite part of the audit confirmed that during the VVSAS PREA screening assessment, at a minimum, attempts are made to obtain information about (9) The residents’ perception of vulnerability, any other specific details on an individual resident that may indicate a heightened needs for supervision, additional safety precautions, or separation from particular other residents.</p> <p>115.341 (d) Intake staff interviewed during the onsite portion of the audit confirmed</p>

that information is ascertained through conversations with the resident during the intake process, medical and mental health screening, classification assessments, or by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

115.341 (e) During her interview, the PREA Coordinator confirmed that SCDJJ had implemented appropriate controls on the sensitive dissemination within the facility of responses to questions on the VVSAS, asked under Standard 115.341, to ensure that sensitive information is not exploited by the resident's detriment by staff or other residents. Sensitive information is password protected with limited access to the classification committee, medical and mental health practitioners, shift supervisors, facility administrators, and others on a need-to-know basis. In addition, the Director of Behavioral Health confirmed that sensitive personal information is protected by limiting access to the information.

The evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- SCDJJ Policy 509 Custody, Placement, and Supervision Levels
- SCDJJ Policy 512 Classification System for Housing in Secure Facilities
- SCDJJ Policy 500 Detention Center Admissions
- SCDJJ Policy 501 Evaluation Center Intake Operational Process
- SCDJJ Policy 336 Application of PREA Standards
- SCDJJ Policy 911 Clinician Crisis Intervention
- Review of sample PREA Vulnerability to Victimization or Aggression Screener (VVSAS) Risk & Reassessment Assessment (12)
- Observations made during the onsite portion of the audit
- Auditor interviews with intake staff
- Auditor interviews with residents (random)
- Interview with the Director of Behavioral Health
- Interview with a mental health practitioner
- Auditor interview with the PREA Compliance Manager
- Auditor interview with the PREA Coordinator

115.342	Placement of residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1481 622">115.342 (a) According to the Coastal Director of Behavioral Health, SCDJJ uses all the information obtained pursuant to § 115.341 to keep all residents safe and free from sexual abuse, to make: Housing, bed, work, education, and program assignments. Intake staff responsible for initiating the risk screening instrument detail their responsibility when completing a risk screening on a new or transferring resident. Documentation of risk-based screening decisions supports compliance with this standard.</p> <p data-bbox="280 663 1481 1240">Further, Policy 512 Classification System for Housing in Secure Facilities indicates, The South Carolina Department of Juvenile Justice (SCDJJ) will assess and monitor the appropriateness of each juvenile’s program assignment and housing unit for secure facilities. SCDJJ/Coastal will consider various factors 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. Additionally, Coastal will review each resident’s unit. The facility may reassess room assignments at designated timeframes and, when necessary, to maintain the safety and security of the juvenile and facility operations. Housing factors to consider include but are not limited to age, stature, the seriousness of the current offense, offense history, alerts, precautions, proximity to the victim of record, co-defendant, history of violent behavior, history of sexually aggressive behavior, or a history of victimization or sexual vulnerability.</p> <p data-bbox="280 1281 1481 1438">115.342 (b) During the onsite, residents are isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged.</p> <p data-bbox="280 1478 1481 1635">During any period of isolation, SCDJJ/Coastal refrains from denying residents daily large-muscle exercise, any legally required educational programming or special education services, and daily visits from a medical or mental health care clinician. Access to other programs and work opportunities is minimal.</p> <p data-bbox="280 1675 1481 1792">115.342 (c) According to the PREA Compliance Manager, SCDJJ/Coastal always refrains from placing gay and bisexual residents in particular housing, bed, or other assignments solely based on identification or status.</p> <p data-bbox="280 1832 1481 2074">According to the PREA Compliance Manager, SCDJJ/Coastal always refrains from placing transgender residents in particular housing, bed, or other assignments solely based on identification or status. A review of thirty-six (36) Vulnerability to Victims or Sexual Aggression Screener Form (VVSAS) indicates that zero residents self-identified as transgender or intersex. Likewise, medical practitioners identified zero residents as intersex during the onsite portion of this audit.</p>

According to the PREA Compliance Manager, SCDJJ/Coastal always refrains from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive.

115.342 (d) The PREA Coordinator interviewed during the onsite portion of this audit confirmed when deciding whether to assign a transgender or intersex resident to a facility for male or female residents, 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.

Likewise, when making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety and whether a placement would present management or security problems, according to the PREA Coordinator.

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

115.342 (f) During her interview, the PREA Coordinator confirmed that each transgender or intersex resident's views regarding their safety would be considered when making facility and housing placement decisions and programming assignments. During the onsite portion of this audit, zero transgender or intersex residents were assigned to the facility. Coastal is an evaluation center with an average stay of 60 days.

115.342 (g) Transgender and intersex residents can shower separately from other residents. During the facility inspection, the Auditor determined that showers are a single-cell accommodation. Interviews with a sample of random male residents confirmed that each resident is given the opportunity to shower individually, but each must dress in the shower area before exiting. Random residents (100%) (12) indicated that they are given the opportunity to shower, use the toilet and change clothes in private except in exigent circumstances. SCDJJ/Coastal has a policy specifying segregation placement as a last resort. During the onsite portion of the audit, zero residents were assigned to isolation for risk of sexual victimization/who were alleged to have suffered sexual abuse.

115.342 (h) The Captain of Security confirmed that if a resident is isolated pursuant to provision (b) of this section, Coastal clearly documents: The basis for the facility's concern for the resident's safety and the reason why no alternative means of separation can be arranged. During the onsite portion of the audit, zero residents were assigned to isolation for risk of sexual victimization/who were alleged to have suffered sexual abuse.

115.342 (i) The Captain of Security confirmed that in the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, Coastal would afford a review to determine whether there is a continuing need for separation from the general population EVERY 30

DAYS. Coastal is a diagnostic evaluation center with an average length of stay of 60 days. During the onsite portion of the audit, zero residents were assigned to isolation for risk of sexual victimization/alleged to have suffered sexual abuse.

The evidence relied upon to make auditor determination:

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

115.351	Resident reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1458 542">115.351 (a) By examination, this Auditor determined that SCDJJ/Coastal provides multiple internal ways for residents to report privately: Sexual abuse, sexual harassment, and retaliation. In addition, staff neglect or violation of responsibilities that may have contributed to an incident can also be reported using the options below. Resident reporting options include:</p> <p data-bbox="280 577 691 613">Using the grievance process.</p> <p data-bbox="280 649 1262 685">Sending a letter to Crisis Intervention (address posted in living units).</p> <p data-bbox="280 721 639 757">Telling an adult you trust:</p> <p data-bbox="280 792 660 828">Social Worker/Psychologist</p> <p data-bbox="280 864 783 900">Upstate PREA Compliance Manager</p> <p data-bbox="280 936 552 972">SCDJJ Court Official</p> <p data-bbox="280 1008 807 1043">Medical or mental health practitioner</p> <p data-bbox="280 1079 799 1115">Facility Director or Assistant Director</p> <p data-bbox="280 1151 544 1187">Parent or guardian</p> <p data-bbox="280 1223 892 1258">SCDJJ Office of Investigations staff member</p> <p data-bbox="280 1294 651 1330">SCDJJ Chaplain or Minister</p> <p data-bbox="280 1366 461 1402">SCDJJ Tipline</p> <p data-bbox="280 1438 1449 1559">Making anonymous calls to external entities from the living unit is problematic, given the telephone system is not operational. The facility has posted the regional advocacy organization and mailing address on the living units.</p> <ul data-bbox="352 1626 1461 1827" style="list-style-type: none"> • The National Sexual Abuse Hotline (toll-free) 800-656-HOPE (4673) • Upstate Evaluation Center Safe Passage (toll-free) 855-422-4453 • Coastal Evaluation Center Dee Norton Child Advocacy Center 843-723-3600 • The Midlands Sexual Trauma Services of the Midlands 803-771-7273A resident <p data-bbox="280 1863 1449 1984">A resident may opt to make calls through their assigned Social Worker or write the Crisis Intervention/Advocacy Support Services for assistance. The Midlands Sexual Trauma Services address is posted on each living unit.</p> <p data-bbox="280 2020 1469 2056">During the facility tour, the Auditor noted posters throughout the facility (e.g., living</p>

units, common areas, gym, school, and medical) that provide internal ways for residents to privately report sexual abuse or sexual harassment, or retaliation by a resident or staff.

115.351 (b) By examination, this Auditor determined that SCDJJ/Coastal provides at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Residents call to write The Midlands Crisis Intervention/Advocacy Support Services for assistance and report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The Midlands Crisis Intervention/Advocacy Support Services address was posted on all living units by the facility. The private entity or office allows the resident to remain anonymous upon request. Residents have been informed to alert the reporting entity regarding a wish for anonymity before starting a conversation with the entity or office.

Interviews with 12 residents confirmed receiving PREA reporting information in the form of a brochure and viewing a PREA video. Orientation forms (36) reviewed corroborate that those resident files sampled received information at intake. All intake forms (36) sampled included the signature of each resident. Intake forms range from 12/01/2021 to 8/17/2022.

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

115.351 (c) The Auditor interviewed seven (7) custody staff, the entire shift, including a few walk-ins from the second shift that returned from training. Coastal is a small facility experiencing challenges in hiring and maintaining staff. However, despite the obstacles, random staff (7) and specialized staff have interviewed both categories of staff (100%) and confirmed that they would accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. More, the same sample of staff (100%) confirmed that they would promptly document any verbal reports of sexual abuse and sexual harassment and notify the PREA Compliance Manager, Shift Supervisor, and facility Director.

115.351 (d) SCDJJ/Coastal provides residents with access to tools necessary to make a written report. Residents interviewed (12) confirmed having access to writing tools essential to make a written report. In addition, SCDJJ provides a method for staff to report sexual abuse and sexual harassment of residents privately. Policy 336 Application of the PREA Standards indicates that anyone who suspects, alleges, or has knowledge of sexual abuse of youth adjudicated to SCDJJ may call the Division of Investigation Services (DIS) hotline at 1-866-313-0073. SCDJJ will publish information regarding how to report on its website at <http://www.state.sc.us/djj/>. Random and specialized staff (100%) were aware of the tip hotline to report sexual abuse, sexual harassment, or retaliation.

The evidence relied upon to make Auditor's determination:

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 222 Employee Ethics and Relations with Others
- SCDJJ Policy 322 Alleged Abuse and Neglect of a Youth
- SCDJJ Policy 326 Reporting Events
- SCDJJ Policy 214 Volunteers Services
- SCDJJ Policy 605 Sick Call Process
- SCDJJ Policy 920 Juvenile Grievance Process
- SCDJJ Policy 918 Juvenile Rights and Responsibilities
- SCDJJ Policy 328 Investigations
- SCDJJ Policy 924 Juvenile Behavior Management-Incentive System and Progressive Discipline
- PREA reporting posters
- Resident PREA-related brochure
- Facility tour
- Interviews with residents (random and targeted)
- Interviews with staff (random and specialized)
- Interview with the PREA Compliance Manager

115.352	Exhaustion of administrative remedies
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1481 748">115.352 (a) SCDJJ has an administrative procedure for dealing with resident grievances regarding sexual abuse outlined in Policy 920 Juvenile Grievances and Policy 328 Investigations collectively address the requirements of Standard 115.352. The SCDJJ is not exempt from this standard. SCDJJ Policy 920, Section A2 stipulates that allegations that staff failed to respond or to report an allegation of sexual abuse or neglect are grievable. SCDJJ Policy 920, Section A3 also specifies allegations that staff intimidated or retaliated against a juvenile either through written reprimand of a juvenile, withholding of privileges, or any such punitive measure against a juvenile for filing any grievance or complaint or for participating in some other way in the Juvenile Grievance Process.</p> <p data-bbox="280 790 1481 987">If a resident alleges sexual abuse, physical abuse, or any other criminal wrongdoing, the Office of Juvenile and Family Relations (OJFR): OJFR Coordinator will immediately forward the allegation to the Division of Investigative Services via https://ERS.scdjj.net. The OJFR will also enter the allegation into the Access database.</p> <p data-bbox="280 1030 1481 1227">115.352 (b) SCDJJ permits residents to submit a grievance regarding an allegation of sexual abuse without any type of time limit. SCDJJ Policy 920, Section D6 stipulates that there is no time limit for making a report of a grieved issue or other allegation, although prompt reporting will be encouraged so that the agency a complete investigation can be completed.</p> <p data-bbox="280 1270 1374 1384">SCDJJ always refrains from requiring a resident to use any informal grievance process or attempt to resolve an alleged incident of sexual abuse with staff, according to Section H3, SCDJJ Policy 920.</p> <p data-bbox="280 1426 1401 1581">115.352 (c) SCDJJ ensures that: A resident alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and that such grievance is not referred to a staff member who is the subject of the complaint.</p> <p data-bbox="280 1624 1358 1697">115.352 (d) SCDJJ will issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing.</p> <p data-bbox="280 1740 1458 1895">If SCDJJ/Coastal determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time allowable beyond 70 days, SCDJJ would notify the resident in writing of any such extension and provide a date by which the resident will receive a decision will be made.</p> <p data-bbox="280 1937 1481 2092">At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for a reply, including any adequately noticed extension, may a resident consider the absence of a response to be a denial at that level.</p>

115.352 (e) Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse.

SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth, Employee's Section B states staff will accept reports made verbally, in writing, anonymously, or from third parties. Therefore, they are showing compliance with the standard.

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

The parent or legal guardian of a juvenile is allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile according to the prevention of sexual offenses toward youth Policy 321 employee's Section F showing compliance with the standard.

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

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

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

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

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

The initial response and final decision document the agency's determination whether the resident is at substantial risk of imminent sexual abuse according to Juvenile Grievance Process Policy 920 Section B emergency grievances demonstrate compliance with the standard.

The initial response document the agency's action(s) taken in response to the emergency grievance according to Juvenile Grievance Process Policy 920 Section B

emergency grievances demonstrates compliance with the standard.

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

115.352 (g) The PREA Coordinator confirmed during her interview that if SCDJJ disciplines a resident for filing a grievance related to alleged sexual abuse, it does so ONLY where the agency demonstrates that the resident filed the grievance in bad faith. Residents (100%) (12) interviewed during the onsite portion of the audit denied being disciplined for filing any grievance, including an emergency grievance.

The Auditor reviews grievances filed during this review period. Zero grievances were initiated as an emergency grievance. One resident who reported sexual abuse was sampled however the resident denied the incident. The facility reported one (1) incident of alleged sexual abuse during this reporting period.

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

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youths
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 330 Reporting Events
- SCDJJ Policy 122 Internal Audits
- SCDJJ Policy 328 Investigations
- SCDJJ Policy 918 Juvenile Rights and Responsibilities
- SCDJJ Policy 920 Juvenile Grievance Process
- Grievances Past 12 Months
- Interviews with staff (random and specialized)
- Interviews with residents (random and targeted)
- Interview with the PREA Compliance Manager
- Resident Handbook and PREA Brochure

115.353	Resident access to outside confidential support services and legal representation
	<p data-bbox="280 237 1007 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 315 580 349">Auditor Discussion</p> <p data-bbox="280 394 1469 882">115.353 (a) According to the PREA Compliance Manager, Coastal provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. Problematic, while residents have access to outside victim advocates for emotional support services related to sexual abuse by using a toll-free number, the phones on the living units are inoperable. A resident wanting to call the outside victim advocate would need to solicit the assistance of their Social Worker. The Social Worker assigned to the resident would make the call by placing a chilling effect on a very private conversation to discuss a delicate situation. Residents are provided the mailing address of the victim.</p> <p data-bbox="280 920 1481 994">During her interview, the PREA Coordinator stated that SCDJJ/Coastal never detained persons solely for civil immigration purposes.</p> <p data-bbox="280 1032 1465 1357">SCDJJ/Coastal provides reasonable communication between residents and these organizations and agencies in as confidential a manner as possible. Random staff confirmed that residents have access to telephones through their Social Workers and are provided envelopes and stamps to write letters. In addition, interviews with random and targeted residents confirm that they can make calls through a Social Worker because the telephones on the unit are inoperable. The random and targeted residents also confirm that they receive visits from approved family or other visitors.</p> <p data-bbox="280 1395 1481 1599">115.353 (b) SCDJJ Policy 336, Application of the PREA Standards, Section E10, Youth Reporting, indicates that the facility informs residents, before giving them access, of the extent to which such communications will be monitored by SCDJJ/Coastal and the extent to which reports of abuse will be forwarded to authorities following mandatory reporting laws.</p> <p data-bbox="280 1637 1442 1756">115.353 (c) SCDJJ and SCDOC maintain a memorandum of understanding or other agreements with community service providers that can provide residents with confidential emotional support services related to sexual abuse.</p> <p data-bbox="280 1794 1222 1827">The evidence relied upon to make Auditor's determination:</p> <ul data-bbox="280 1865 1161 2047" style="list-style-type: none"> <li data-bbox="280 1865 635 1899">• Pre-Audit Questionnaire <li data-bbox="280 1937 1161 1971">• SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth <li data-bbox="280 2009 1027 2042">• SCDJJ Policy 336 Application of the PREA Standards

- SCDJJ Policy 918 Juvenile Rights and Responsibilities
- SCDJJ Policy 900 Scope of SC DJJ Clinical Services
- SCDJJ Policy 911 Clinical Crisis Intervention
- SCDJJ Policy 925 Juvenile Visitation Procedures in Secure Facilities
- SCDJJ PREA Advocate Sexual Trauma Services of the Midlands (STSM): MOU between the •SC Department of Corrections and SCJJ
- Facility tour
- Verification of resident access to outside support services
- Internet search: SCDJJ website
- Interviews with residents (random and targeted)
- Interviews with staff (random and specialized)
- Interview with the facility Acting Director
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Service posted notice: Victims of Sexual Abuse, South Carolina Coalition Against Domestic Violence (English/Spanish)

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.354 (a) Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment. SCDJJ established a method to receive third-party reports of sexual abuse and sexual harassment. The agency has distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The Auditor examined the notification on the agency website during an internet search.</p> <p>SCDJJ has distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The agency has established a method to receive third-party reports of sexual abuse and sexual harassment that can be found on the agency website.</p> <p>The evidence relied upon to make Auditor's determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • SCDJJ website • SCDJJ PREA Brochure • Interviews with residents (random and targeted) • Interview with the PREA Coordinator • Interview with the PREA Compliance Manager

115.361	Staff and agency reporting duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1481 622">115.361 (a) SCDJJ requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. Interviews with random and specialized staff confirmed knowledge of an agency mandate to report any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual harassment, or retaliation that occurred in a facility, whether it is part of the agency.</p> <p data-bbox="280 663 1453 860">The same sample of random and specialized staff each confirmed the agency's requirement that all staff report immediately and according to agency policy, any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.</p> <p data-bbox="280 900 1453 976">115.361 (b) Staff interviewed during the onsite portion of this audit confirmed that SCDJJ requires all staff to comply with any applicable child abuse reporting laws.</p> <p data-bbox="280 1016 1453 1214">115.361 (c) As specified in agency policies (e.g., Policy 321, 336, and 326) and apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse reports to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="280 1254 1485 1496">115.361 (d) Medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials according to paragraph (a) of Standard 115.361 and to the designated State or local services agency as required by mandatory reporting laws. Interviews with medical and mental health practitioners confirmed the requirement to report sexual abuse to a designated supervisor or designated official.</p> <p data-bbox="280 1536 1442 1653">All medical and mental health practitioners interviewed confirmed a mandate to inform residents of their duty to report and the limitations of confidentiality at the initiation of services.</p> <p data-bbox="280 1693 1469 1809">115.361 (e) During her interview, the facility Director confirmed that upon receiving any allegation of sexual abuse, she would promptly report the allegation to the appropriate office as the facility head or her designee.</p> <p data-bbox="280 1850 1481 2047">During her interview, the facility Director confirmed that upon receiving any allegation of sexual abuse, she, as the facility head or her designee, would promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified.</p>

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

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

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

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

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

The evidence relied upon to make Auditor's determination:

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 222 Employee Ethics and Relations with Others
- SCDJJ Policy 322 Alleged Abuse and Neglect of a Youth
- SCDJJ Policy 326 Reporting Events
- SCDJJ Policy 326A Reporting Events Form
- SCDJJ Policy 124 Confidentiality and Release of Youth Information
- SCDJJ website
- PowerPoint Training Curriculum: Mandatory Child Abuse Reporting Laws
- Interviews with staff (random and specialized)
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Facility Acting Director

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

115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, supports compliance with this standard.</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 the appropriate office of the agency where the alleged abuse occurred and shall also inform the proper investigative agency. More, any such reports or allegations of sexual abuse that occurred while a juvenile was housed at a facility outside the authority or SCDJJ will be reported to the facility Director within 72 hours of receiving the allegation, and Coastal will document the incident.</p> <p>115.363 (b) According to the facility Director, all PREA-related notifications shall be provided as soon as possible but no later than 72 hours after receiving the allegation.</p> <p>115.363 (c) During her interview, the facility Director confirmed that SCDJJ would document that it has provided such notification.</p> <p>115.363 (d) The facility Director confirmed that Coastal or SCDJJ would ensure that all PREA-related allegations are investigated following PREA standards.</p> <p>Additionally, if the alleged sexual abuse involves a juvenile under eighteen (18) or an endangered/vulnerable adult, the incident shall be reported to Child Protective Services as required in the administrative procedures for Policy 03-02-103, The Reporting, Investigation, and Disposition of Child Abuse and Neglect or by contacting the Adult Protective Services at South Carolina Family and Social Service Administration (FSSA).</p> <p>During the past 12 months, zero (0) allegations were received that a resident was abused while confined to another facility. Therefore, Coastal Juvenile Correctional Facility met the requirements of Standard 115.363.</p> <p>The evidence relied upon to make Auditor's determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth • SCDJJ Policy 321C Safety Plan (form) • SCDJJ Policy 336 Application of the PREA Standards • Documentations of Allegations of Sexual Abuse Reporting to other Confinement Facilities (0)

- | | |
|--|--|
| | <ul style="list-style-type: none">• Documentations of Allegations of Sexual Abuse Receiving Report from other Confinement Facility (0)• Interview with agency designee• Interview with the facility Director• Interview with staff investigator• Interview with the PREA Coordinator• Interview with the PREA Compliance Manager• Internet search: SCDJJ website |
|--|--|

115.364	Staff first responder duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1394 416">The SCDJJ Sexual Assault Evidence Protocol and the Sexual Assault Prevention-Coordinated Response collectively address Standard 115.364.</p> <p data-bbox="280 454 1469 573">115.364 (a) Based on random staff interviews, all confirmed that upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report is required by policy to take actions such as:</p> <ul data-bbox="280 611 1469 1317" style="list-style-type: none"> <li data-bbox="280 611 871 645">• Separate the alleged victim and abuser. <li data-bbox="280 683 1453 759">• Staff should preserve and protect any crime scene until appropriate steps can be taken to collect evidence. <li data-bbox="280 797 1430 958">• If the abuse occurred within a time that still allows for the collection of physical evidence, request that the alleged victim does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and <li data-bbox="280 996 1469 1317">• If the abuse occurred within a time that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Coastal is a juvenile evaluation facility; therefore, a resident's length of stay is brief. The Auditor reviewed documentation of responses to allegations found in investigative reports. During the onsite facility audit, zero residents who reported sexual abuse remained in the population. <p data-bbox="280 1355 1453 1641">The practice and protocol require staff to take specific steps to respond to a report of sexual abuse, including; separating the alleged victim from the abuser; preserving any crime scene within a period that still allows for the collection of physical evidence; requesting the alleged victim not take any action that could destroy physical evidence; and ensure that the alleged abuser does not take any action to destroy physical evidence if the abuse took place within a period that still allows for the collection of physical evidence.</p> <p data-bbox="280 1680 1469 1921">Staff (random and specialized) (100%) interviewed confirmed a clear understanding of the actions to be taken upon learning that a resident was sexually abused, such as a request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a period that still allows for the collection of physical evidence.</p> <p data-bbox="280 1960 1477 2078">115.364 (b) Non-security staff (2/security contract workers) interviewed indicated that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy</p>

physical evidence, and then notify security staff. Note: Non-security staff indicated that their role is restricted to the control room and outer gatehouse. However, the security contract workers confirmed their knowledge of their responsibility if they were first responders to a PREA-related incident.

The evidence relied upon to make Auditor's determination:

- Pre-Audit Questionnaire
- Protocol for Alleged Sexual Assault Involving Penetration (Coordinator Response Plan)
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- SCDJJ Policy 326 Reporting Events
- SCDJJ Policy 124 Confidentiality and Release of Youth Information
- SCDJJ Coordinated Response, Protocol for Alleged Sexual Assault Involving Penetration
- Interview with the PREA Compliance Manager
- Interview with a first responder (security)
- Interview with a first responder (non-security)
- Reviewed First Responders Card
- Reviewed agency-mandated 3-hour training is offered monthly for all security staff termed PREA and the Implementations for SCDJJ.
- Interview contract security staff (2)
- Interview with the PREA Coordinator

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.365 (a) By examination, the Auditor determined that Coastal has developed a written coordinated institutional plan to organize actions that the facility should take in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth, requires all SCDJJ facilities to develop a written institutional sexual abuse coordinated response plan. The facility Director confirmed during her interview her understanding that each SCDJJ Facility Director must develop a written plan of action in response to sexual abuse and that the said plan should include first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The evidence relied upon to make Auditor's determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Protocol for Alleged Sexual Assault Involving Penetration (Coordinated Response Plan) • Form 321 C Safety Plan for Alleged Sexual Abuse and Sexual Harassment • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth • • Interview with staff (random and specialized) • Interview with the facility Director • Interview with the PREA Coordinator • Interview with the PREA Compliance Manager

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.366 (a) According to the PREA Coordinator, the South Carolina Department of Correction is not a collective bargaining agency; therefore, this standard is not applicable. SCDJJ Policy 336, Application of the PREA Standards, follows the Federal Prison Rape Elimination Act (PREA), Juvenile Facility Standards, which sets standards for preventing, detecting, and reporting sexual abuse and sexual harassment.</p> <p>115.366 (b) Auditor is not required to audit this provision.</p>

115.367	Agency protection against retaliation
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1469 584">115.367 (a) SCDJJ has 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. Coastal has designated which staff member is charged with monitoring Retaliation. The Auditor interviewed the Retaliation Monitor. The monitor explained her role in monitoring residents and staff for signs of Retaliation.</p> <p data-bbox="280 624 1426 822">SCDJJ mandates each facility to monitor PREA-related Retaliation under Standard 115.367. Further, SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth, The Retaliation Monitor confirmed during her interview that a resident, staff, or witness would be monitored for a minimum of 90 days following an allegation of sexual abuse.</p> <p data-bbox="280 862 1426 978">According to the Retaliation Monitor, Coastal prohibits Retaliation by residents or staff following a report of sexual abuse, sexual harassment, or cooperation with investigators regarding PREA-related incidents and allegations.</p> <p data-bbox="280 1019 1482 1384">115.367 (b) SCDJJ mandates that facilities employ multiple protection measures against Retaliation. During her interview, the Retaliation Monitored explained to the Auditor that protection measures include 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. In addition, the Retaliation Monitor is an MH Practitioner who indicated that emotional support services would be provided at the facility or through community outreach.</p> <p data-bbox="280 1424 1469 1834">115.367 (c) Except in instances where SCDJJ/Coastal determines that a report of sexual abuse is unfounded, the Retaliation Monitor indicates in her role as the monitor she would monitor the victim, or witness (es), for at least 90 days following a report of sexual abuse. Further, The Retaliation Monitor indicated she would monitor: The conduct and treatment of the victim and witness to determine if a resident who reported sexual abuse to see if there are changes that may suggest possible Retaliation by others (e.g., residents or staff), any resident disciplinary reports, resident housing, or program changes, or negative performance reviews or reassignments of staff. If Retaliation is determined, SCDJJ/Coastal will; act promptly to remedy such Retaliation.</p> <p data-bbox="280 1874 1453 1946">115.367 (d) The Retaliation Monitor confirmed during her interview that retaliation monitoring includes periodic status checks.</p> <p data-bbox="280 1986 1453 2058">115.367 (e) The Retaliation Monitor confirmed during her interview that retaliation monitoring extends to those individuals who cooperate with an investigation and</p>

express a fear of Retaliation.

115.367 (f) Auditor is not required to audit this provision.

The evidence relied upon to make Auditor's determination:

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 323 Isolation of Youth
- Retaliation documents (0)
- interview with the facility Director
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- Interview with the Retaliation Monitor
- Interview with random residents (12)

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.368 (a) The facility Director confirmed during her interview that any use of segregated housing to protect a resident alleged to have suffered sexual abuse would be subject to the requirements under Standard 115.342. More, the facility Director indicated that segregation for PREA-related reasons would be used as a last resort for all incidents. Further, Coastal would employ the least amount of time necessary while the facility was exploring other options. In a random sample of residents, all denied being placed in segregation after alleging to have suffered sexual abuse. During separate interviews with the facility Director, the PREA Coordinator, and the facility PREA investigator, the Auditor confirmed that the number of residents who alleged sexual abuse in the past 12 months, post allegation protective custody, remained zero since the submission of the PAQ.</p> <p>The evidence relied upon to make Auditor's determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • SCDJJ Policy 926 Scope of Activity Therapy, Recreation, and Leisure Services • SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth • SCDJJ Policy 336 Application of the PREA Standards • Interview with staff (random and specialized) • Interview with the PREA Coordinator • Interview with the PREA Compliance Manager • Interview with PREA investigator • Interview with random residents (12) • Interview with staff: Segregation • Interview with staff: Education • Review of PREA-related documents related to segregation (0) • Review of grievances

115.371	Criminal and administrative agency investigations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1461 539">115.371 (a) SCDJJ conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively. During her interview the PREA investigator confirmed that her investigations are promptly, thoroughly, and objectively. A review of investigative reports confirms that SCDJJ/Coastal investigations are prompt, through and objective.</p> <p data-bbox="280 580 1469 819">The South Carolina Department of Juvenile Justice (SCDJJ) will conduct investigations for administrative and criminal matters in compliance with policy and law. The Division of Investigative Services will receive complaints, allegations, and grievances through verbal and written reports from employees, juveniles, volunteers, and others. Each report will be classified as administrative and/or criminal and will be thoroughly investigated and documented.</p> <p data-bbox="280 860 1426 1016">The facility PREA investigator confirmed during her interview that SCDJJ/Coastal conducts PREA-related investigations for all allegations, including third party and anonymous reports. More, SCDJJ criminal, third party, administrative and anonymous investigations are conducted by the Office of Investigations.</p> <p data-bbox="280 1057 1481 1296">115.371 (b) Where sexual abuse is alleged, SCDJJ employs the use investigators who have received specialized training in sexual abuse investigations involving resident victims as required by 115.334. A review of specialized training for investigators (1) confirms that SCDJJ employs investigators who have received specialized training in sexual abuse investigations involving resident victims as required by Standard 115.334.</p> <p data-bbox="280 1337 1477 1789">115.371 (c) The facility PREA investigator confirmed that in her role as an investigator she gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. By examination the Auditor determined that the investigator interviews alleged victims, suspected perpetrators, and witnesses and reviews prior reports and complaints of sexual abuse involving the suspected perpetrator. Upon notification, South Carolina Law Enforcement Division (SLED) may assume investigative jurisdiction or elect to work jointly with the Investigations Section. Decisions by SLED whether to undertake an investigation will be made exclusively by SLED. This is also true in the event SLED receives a report from a source other than SCDJJ.</p> <p data-bbox="280 1830 1453 2069">The Auditor determined by examination that SCDJJ administrative and criminal investigations were documented, and the appropriate investigation was forwarded to SLED when applicable. SCDJJ uses investigators who have received specialized training in sexual abuse investigations involving resident victims as required by 115.334. The investigator interviewed confirmed that in her role as an investigator she gathers and preserves direct and circumstantial evidence, including any</p>

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

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

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

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

SCDJJ agency investigates allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation, according to the PREA investigator. By examination of investigative reports, the Auditor found no evidence that a resident was subjected to a polygraph examination or other truth-telling device as a condition for proceeding for proceeding with an investigation.

115.371 (g) Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Based on an interview with a member of the Incident Review Team and the PREA investigator each confirm that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse.

Administrative investigations were 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. The same investigative documents include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.371 (h) Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Evidence relied upon to make Auditor determination:

- Pre-Audit Questionnaire
- Interview with staff (random and specialized)
- Interview with the PREA Compliance Manager

- | | |
|--|--|
| | <ul style="list-style-type: none">• Interview with the PREA investigator• Interview with the PREA Coordinator• Investigative reports (3)• SCDJJ Policy 328 Investigations |
|--|--|

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.372 (a) SCDJJ/Coastal shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated, according to the PREA investigator.</p> <p>The evidence relied upon to make Auditor's determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Investigation documents (Event Reports) #All investigation reports and results (3 Administrative Cases) • SCDJJ Policy 328 Investigations • SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 920 Juvenile Grievance Process • Memorandum of Understanding (MOU) with SLED • Interview with PREA investigator • Interview with the PREA Coordinator • Interview with the PREA Compliance Manager

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.373 (a) Following an investigation into a resident’s allegation that a resident suffered sexual abuse in an agency facility, SCDJJ informs the resident whether the allegation has been substantiated, unsubstantiated, or unfounded.</p> <p>115.373 (b) If SCDJJ does not investigate a resident’s allegation of sexual abuse in the agency’s facility, if the SCDJJ PREA investigator does not conduct the investigation, the relevant information will be requested from the investigative agency to inform the resident. The facility’s obligation to a resident terminates if the resident is released from the department’s custody.</p> <p>115.373 (c) According to the PREA investigator 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, SCDJJ subsequently would inform the resident whenever: The staff member is no longer posted within the resident’s unit.</p> <p>According to the PREA investigator, 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, the agency subsequently would inform the resident whenever: The staff member is no longer employed at the facility.</p> <p>According to the PREA investigator, 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, SCDJJ would 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.</p> <p>According to the PREA investigator, 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, SCDJJ would 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.</p> <p>115.373 (d) According to the PREA investigator following a resident’s allegation that another resident has sexually abused him or her, SCDJJ would 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.</p> <p>According to the PREA investigator, following a resident’s allegation that another resident has sexually abused him or her, the agency would subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been</p>

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

115.373 (e) According to the PREA Compliance Manager and the PREA Coordinator, SCDJJ documents all such notifications or attempted notifications.

The evidence relied upon to make Auditor's determination:

- Pre-Audit Questionnaire
- Interview with PREA investigator
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager
- SCDJJ Policy 328 Investigations

115.376	Disciplinary sanctions for staff
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 748">115.376 (a) SCDJJ Prevention of Sexual Offenses toward Youth, Policy 336 Application of the PREA Standards, Policy 328 Investigations, Policy 322 Alleged Abuse and Neglect of a Juvenile, Policy 228 Progressive Employee Discipline, and Policy 326 Reporting Events collectively support Standard 115.376. SCDJJ staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies according to the SCDJJ Progressive Discipline Guidelines/Standards Chart used as a guide for supervisors and managers in response to specific offenses. The employee disciplinary guidelines also consider any history of misconduct. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse, according to the PREA Coordinator.</p> <p data-bbox="280 788 1477 904">115.376 (b) The disciplinary sanction's severity reflects the seriousness of the individual offense. However, termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p data-bbox="280 945 1477 1182">115.376 (c) SCDJJ Policy 228, Progressive Employee Discipline indicates that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p data-bbox="280 1223 1477 1594">115.376 (d) Unless the employee violations were not criminal behavior, disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. 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 and licensing bodies (unless the activity was clearly not criminal), according to the PREA investigator.</p> <p data-bbox="280 1635 1477 1917">In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero, according to OAS and investigative reports, as confirmed by the PREA Coordinator. Likewise, in the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero, according to OAS and investigative reports confirmed by the PREA Coordinator.</p> <p data-bbox="280 1957 1222 1993">The evidence relied upon to make Auditor's determination:</p> <ul data-bbox="280 2029 644 2065" style="list-style-type: none"> • Pre-Audit Questionnaire

- | |
|---|
| <ul style="list-style-type: none">• SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth• SCDJJ Policy 336 Application of the PREA Standards• SCDJJ Policy 328 Investigations• SCDJJ Policy 322 Alleged Abuse and Neglect of a Juvenile• SCDJJ Policy 326 Reporting Events• SCDJJ Policy 228 Progressive Employee Discipline• Interview with the PREA Coordinator• Interview with the PREA Compliance Manager• Interview with the PREA investigator• Interview with the HR Director |
|---|

115.377	Corrective action for contractors and volunteers
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1469 499">115.377 (a) During her interview, the facility Director confirmed that any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and reported to law enforcement or licensing bodies unless the activity is not criminal behavior.</p> <p data-bbox="280 539 1469 824">115.377 (b) In the case of any other SCDJJ violation of sexual abuse or sexual harassment policies by a contractor or volunteer, Coastal would take appropriate remedial measures and consider whether to prohibit further contact with residents, according to the facility Director. In the past 12 months, zero (0) staff, contractors, or volunteers were terminated for violating the facility's PREA policies, as confirmed by an examination of investigative reports and interviews with the PREA investigator, PREA Coordinator, and PREA Compliance Manager.</p> <p data-bbox="280 864 1222 900">The evidence relied upon to make Auditor's determination:</p> <ul data-bbox="280 936 1161 1825" style="list-style-type: none"> • Pre-Audit Questionnaire • SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth • SCDJJ Policy 328 Investigations • SCDJJ Policy 322 Alleged Abuse and Neglect of a Juvenile • SCDJJ Policy 326 Reporting Events • Interview with the PREA Coordinator • Interview with PREA Compliance Managers • Interview with the facility Director • Interview with the Human Resources (HR) Director • Interview with PREA investigator • Review of investigative reports (4) • Form 302RD Contractor Agreement Form • Volunteer Agreement Form

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1477 958">115.378 (a) During separate interviews with the PREA investigator and PREA Coordinator following an administrative finding that a resident engaged in resident-on-resident sexual abuse or a criminal finding of guilt for resident-on-resident sexual abuse, a resident is subject to disciplinary sanctions under a formal disciplinary process. By examination, the Auditor determined that SCDJJ has a formal disciplinary process. Youth Progressive Discipline Chart shows SCDJJ has a formal juvenile disciplinary process. Interviews with random residents (12) confirmed the existence of a formal disciplinary process. Zero residents were interviewed who reported sexual abuse. Coastal is a diagnostic evaluation center. SCDJJ operates three regional evaluation centers - Coastal, Midlands, and Upstate. Each agency's evaluation centers provide court-ordered evaluations for adjudicated juveniles from the midlands area before the final disposition of their cases. The facilities provide comprehensive psychological, social, and educational assessments to guide the court's disposition of cases. The facilities serve youth ages 11 to 17. By law, adjudicated juveniles' stay cannot exceed 45 days.</p> <p data-bbox="280 1001 1445 1196">115.378 (b) By examination of the Youth Progressive Discipline Chart shows SCDJJ has a formal juvenile disciplinary process and that disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar records.</p> <p data-bbox="280 1238 1469 1478">During her interview, the Captain of Security indicated that if PREA-related disciplinary sanction results in the isolation of a resident, SCDJJ/Coastal Evaluation Center would ensure that the resident is not denied daily large-muscle exercise. Additionally, residents serving disciplinary sanctions in isolation receive educational programming, which includes special education according to a sample of random residents when applicable.</p> <p data-bbox="280 1520 1477 1675">In separate interviews with mental health and medical practitioners, each confirmed that when residents are placed in isolation, each resident receives daily visits. In addition, mental health and medical practitioners must document the holidays on a daily confinement cell check form.</p> <p data-bbox="280 1718 1477 1832">If disciplinary sanction results in a resident's isolation, the resident will have access to some behavior incentives (e.g., game room) and work opportunities to the extent possible.</p> <p data-bbox="280 1874 1445 2069">115.378 (c) When determining what types of sanction, the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to their behavior, as confirmed by a mental health practitioner during her interview. Any disciplinary sanctions imposed would be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the</p>

sanctions imposed for comparable offenses by other residents with similar records.

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

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

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

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

115.378 (g) In its discretion, SCDJJ prohibits all sexual activity between residents. SCDJJ always refrains from considering non-coercive sexual activity between residents as sexual abuse, according to the PREA Coordinator. More, any juvenile who willingly has a sexual relationship with a staff member, another juvenile, contractor, or a volunteer will be subject to discipline consistent with SCDJJ Policy 924, Youth Behavior Management - Incentive System and Youth Progressive Discipline.

The evidence relied upon to make Auditor's determination:

- Pre-Audit Questionnaire
- Documentation PREA Related Disciplinary Sanctions for Residents (0)

- | | |
|--|---|
| | <ul style="list-style-type: none">• Investigation Packages (Event Reports) #All investigation reports and results (3 cases)• Youth Progressive Discipline Chart• SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth• SCDJJ Policy 328 Investigations• SCDJJ Policy 924 Youth Behavior Management - Incentive System and Progressive Discipline• Interview with residents (random)• Interview with the PREA Coordinator• Interview with staff (specialized)• Interview with PREA Compliance Managers• Interview with the Captain of Security |
|--|---|

115.381	Medical and mental health screenings; history of sexual abuse
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1469 499">SCDJJ Medical/Mental Health Screen/Health Screening Forms (43) – MAYSI Screening Report (Computerized) directs medical and mental health practitioners regarding mandatory requirements when a resident has experienced prior sexual victimization.</p> <p data-bbox="280 539 1469 824">A resident may report information confidentially to multiple methods such as during the intake process, by telling a trusted SCDJJ staff person, through the SCDJJ Sick Call Process (SCDJJ Policy 605), or anonymously through the Youth Grievance Process (SCDJJ Policy 920), which any staff member will provide. In addition, a resident may opt to 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.</p> <p data-bbox="280 864 1469 1525">115.381 (a) If the screening under § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening in accordance with SCDJJ Policy 500 Detention Center Admissions. During her interview, a mental health practitioner confirmed that if a resident presents with a history of prior sexual victimization, whether it occurred in an institutional setting or the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening if not sooner. As confirmed in CEC PAQ in the past 12 months, the percentage of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was zero, as confirmed by a practitioner. The Auditor reviewed 36 intake documents. One (1) resident disclosed prior victimization but declined to provide additional information. It is important to note that Coastal Evaluation Center (CEC) is an evaluation center with residents staying up to 45 days by law.</p> <p data-bbox="280 1565 1469 1888">Intake documents indicate at the time of the onsite audit, 13 residents were assigned for court-ordered evaluations, and 13 were designated general admissions. It is important to note that Coastal Evaluation Center (CEC) is an evaluation center with some residents remaining for up to 45 days by law. The Auditor interviewed the Coastal Evaluation Center, Admission Specialist II, a staffer responsible for risk screening during intake, during the onsite audit. The intake staffer explained the intake process as no residents were scheduled for intake at Coastal. Likewise, the Auditor interviewed six random and six targeted residents during the audit process.</p> <p data-bbox="280 1928 1469 2087">115.381 (b) If the screening according to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or the community, SCDJJ staff ensures that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. It</p>

is important to note that Coastal Evaluation Center (CEC) is an evaluation center with residents staying up to 45 days by law.

115.381 (c) Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions (e.g., housing, bed, work, education, and program assignments), or as otherwise required by Federal, State, or local law, as confirmed by medical and mental health practitioners interviewed during the onsite portion of the audit.

115.381 (d) Medical and mental health practitioners interviewed during the audit confirmed a mandate to obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident was under 18.

In the past 12 months, the percentage of residents who previously perpetuated sexual abuse, as indicated during screening, who were offered a follow-up meeting with a mental health practitioner was zero.

The evidence relied upon to make Auditor's determination:

- Pre-Audit Questionnaire
- SCDJJ Medical/Mental Health Screen/Health Screening Forms (43) – MAYSI Screening Report
- SCDJJ Policy 602A Juvenile’s Access to Health Care
- SCDJJ Policy 512 Classification System for Housing in Secure
- SCDJJ Policy 907 Trauma-Informed Care and Trauma-Specific Treatment
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 124 Confidentiality and Release of Youth Information
- SCDJJ Policy 503 Long Term Facility Admissions
- SCDJJ Policy 501 Evaluation Center Intake Operational Process
- SCDJJ Policy 500 Detention Center Admissions

115.382	Access to emergency medical and mental health services
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1477 539">115.382 (a) Interviews with medical and mental health practitioners confirmed that a resident victim of sexual abuse would receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.</p> <p data-bbox="280 580 1465 779">115.382 (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, random custody staff interviewed confirmed that as a first responder, a preliminary step would be to protect the victim pursuant to § 115.362 and to immediately notify the shift supervisor and the appropriate medical and mental health practitioners.</p> <p data-bbox="280 819 1465 1144">115.382 (c) Interviews with medical and mental health practitioners (2) confirmed that a resident victim of sexual abuse would be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care where medically appropriate. Emergency Health Care: Juveniles with medical emergencies will be transported to a community hospital emergency room as determined by the Emergency Medical System handling the transport and consistent with Policy 615R, Medical Emergency.</p> <p data-bbox="280 1184 1465 1464">115.382 (d) Interviews with medical and mental health practitioners (2) confirmed that treatment services would be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. During this reporting period, CEC documented 3 PREA-related incidents (2) unfounded and (1) substantiated. The substantiated incident of sexual abuse did not result in penetration. A medical and mental health practitioner saw both residents following the incident.</p> <p data-bbox="280 1505 1222 1538">The evidence relied upon to make Auditor's determination:</p> <ul data-bbox="280 1579 1171 2040" style="list-style-type: none"> • Pre-Audit Questionnaire • SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 911 Clinical Crisis Intervention • SCDJJ Policy 328 Investigations • SCDJJ Policy 603 Juvenile's Unimpeded Access to Health Care • SCDJJ Policy 918 Juvenile Rights and Responsibilities

- | |
|---|
| <ul style="list-style-type: none">• SCDJJ Policy 920 Youth Grievance Process• Juvenile Safety Plans• Medical Referrals• Protocol for Alleged Sexual Assault Involving Penetration• Interview with specialized staff (medical practitioner/mental health)• Interview with the PREA Compliance Manager• Interview with the PREA Coordinator• Investigation Packages (Event Reports) #All investigation reports and results (3 Cases) |
|---|

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="280 315 579 344">Auditor Discussion</p> <p data-bbox="280 389 1477 712">115.383 (a) Coastal Evaluation Center offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or resident facility. Treatment services offered by medical and mental health practitioners are limited in duration but consistent with SCDJJ Policy 918, Juvenile Rights and Responsibilities, and SCDJJ Policy 601, Scope of Health Services and Responsible Health Authority; juveniles will receive a continuum of care as appropriate for victims of sexual offenses as outlined in SCDJJ Policy 911, Clinical Crisis Intervention.</p> <p data-bbox="280 752 1477 1120">115.383 (b) Coastal Evaluation Center offers medical and mental health evaluation and treatment of sexual abuse victims to include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody as confirmed in separate interviews the Auditor conducted with a medical and mental health practitioner. For example, in an investigative (1), the Auditor interviewed a resident who reported sexual abuse to a CEC Student Services Coordinator/Job Developer. During his interview with the Auditor, the same resident denied the incident.</p> <p data-bbox="280 1160 1477 1317">115.383 (c) Coastal Evaluation Center provides victims of sexual abuse with medical and mental health services consistent with the community level of care, as confirmed in separate interviews the Auditor conducted with a medical and mental health practitioner.</p> <p data-bbox="280 1357 1430 1431">115.383 (d) This substandard does not apply. Coastal is an "all-male" facility with zero residents who identify as transgender men who may have female genitalia.</p> <p data-bbox="280 1471 1430 1545">115.383 (e) This substandard does not apply. Coastal is an "all-male" facility with zero residents who identify as transgender men who may have female genitalia.</p> <p data-bbox="280 1585 1477 1742">115.383 (f) This Auditor interviewed a medical practitioner from the Coastal Evaluation Center. The practitioner confirmed that a resident victim of sexual abuse while incarcerated is offered tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="280 1783 1477 1984">115.383 (g) This Auditor interviewed a medical and mental practitioner from the Coastal Evaluation Center. Each confirmed in separate interviews that treatment services are provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="280 2024 1350 2054">115.383 (h) This Auditor interviewed a mental practitioner from the Coastal</p>

Evaluation Center. The practitioner confirmed that CEC attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning such abuse history and offer treatment when deemed appropriate by mental health practitioners. The Auditor confirmed by examination that Coastal Evaluation Center conducted an evaluation on a known resident-on-resident incident and developed a safety plan for the victim and the alleged abuser.

The evidence relied upon to make Auditor's determination:

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- Protocol for Alleged Sexual Assault
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 918 Juvenile Rights and Responsibilities
- SCDJJ Policy 601 Scope of Health Services and Responsible Health Authority
- SCDJJ Policy 911 Clinical Crisis Intervention
- SCDJJ Policy 603 Juvenile's Unimpeded Access to Health Care
- Interview with specialized staff (medical and mental health practitioners)
- Interview with the PREA Compliance Manager
- Interview with the PREA Coordinator
- Review of investigative reports
- Review of PREA investigative Checklist
- Review of Internal Integrity Investigative Report
- Mental health records or secondary documentation that demonstrate evaluations of resident-on-resident abusers
- Residents who reported sexual abuse (denied)

115.386	Sexual abuse incident reviews
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1485 667">115.386 (a) Coastal Evaluation Center conducts a sexual abuse incident review after every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been deemed unfounded. By examination of an investigative report which included evidence of a timely sexual abuse incident review, this Auditor determined this substandard compliant. Standard 115.386 (a)-2, in the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0.</p> <p data-bbox="280 707 1485 1196">115.386 (b) Coastal Evaluation Center ordinarily conducts a sexual abuse incident review after every sexual abuse investigation but within 30 days of the conclusion of the investigation. During this review period, Coastal Evaluation Center investigative indicates three (3) PREA-related investigations (2 unfounded and one substantiated). Problematic, the investigation concluded on 6/18/2022. The date of the incident review was 8/3/2022. Thus, the Sexual Abuse and Sexual Harassment Incident Review occurred 46 days following the conclusion of the investigation. 115.386 (b)-2 In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that was followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 0. After the onsite visit an investigation concluded and was determined to be unfounded.</p> <p data-bbox="280 1236 1485 1478">115.386 (c) The South Carolina Department of Juvenile Justice, Sexual Abuse and Sexual Harassment, Incident Review Form dated 8/3/2022 indicates the incident review team participants included the following positions: the Assistant facility Administrator, Institutional Program Coordinator, Nurse Manager, Psychological Evaluator, Social Worker Manager, Student Services Coordinator, and the PREA Compliance Manager.</p> <p data-bbox="280 1518 1485 1720">115.386 (d) The Auditor determined by examination of a Coastal Evaluation Center, South Carolina Department of Juvenile Justice, Sexual Abuse and Sexual Harassment, Incident Review Form, dated 8/3/2022, that the facility considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.</p> <p data-bbox="280 1760 1485 2047">The Auditor determined by examination of a Coastal Evaluation Center, South Carolina Department of Juvenile Justice, Sexual Abuse and Sexual Harassment, Incident Review Form, dated 8/3/2022 that the facility considers whether the allegation or investigation indicates: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility.</p>

The Auditor determined by examination of a Coastal Evaluation Center, South Carolina Department of Juvenile Justice, Sexual Abuse and Sexual Harassment, Incident Review Form, dated 8/3/2022 that the facility considers whether the allegation or investigation: Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

The Auditor determined by examination of a Coastal Evaluation Center, South Carolina Department of Juvenile Justice, Sexual Abuse and Sexual Harassment, Incident Review Form, dated 8/3/2022 that the facility considers whether the allegation or investigation: Assess the adequacy of staffing levels in that area during different shifts.

The Auditor determined by examination of a Coastal Evaluation Center, South Carolina Department of Juvenile Justice, Sexual Abuse and Sexual Harassment, Incident Review Form, dated 8/3/2022, that the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The Auditor determined by examination of a Coastal Evaluation Center, South Carolina Department of Juvenile Justice, Sexual Abuse and Sexual Harassment, Incident Review Form, dated 8/3/2022, that the review team: Prepares a report of its findings, including but not necessarily limited to determinations made under §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.

115.386 (e) The Auditor determined by examination of a Coastal Evaluation Center, South Carolina Department of Juvenile Justice, Sexual Abuse and Sexual Harassment, Incident Review Form, dated 8/3/2022 that the review team, when applicable, make recommendations for improvement, or document, its reasons for not doing so according to the PREA Compliance Manager and PREA Coordinator. This standard requires corrective action.

The evidence relied upon to make Auditor's determination:

- Pre-Audit Questionnaire
- SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth
- Protocol for Alleged Sexual Assault (Attachment)
- SCDJJ Policy 336 Application of the PREA Standards
- SCDJJ Policy 918 Juvenile Rights and Responsibilities
- SCDJJ Policy 601 Scope of Health Services and Responsible Health Authority
- SCDJJ Policy 911 Clinical Crisis Intervention

Corrective Action: The PREA Coordinator will review the Coastal Evaluation Center's Incident Review Standard 115.386. The PREA Coordinator will document

	<p>the training. Participants will print and sign the training document. The PREA Coordinator will provide the Auditor with evidence of all said training. The PREA Auditor will continue to monitor the incident review process for the duration of the corrective action period for compliance.</p>
--	---

115.387	Data collection
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1481 584">115.387 (a) SCDJJ collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions SCDJJ uses a standardized instrument with definitions to collect accurate, uniform data for every allegation of sexual assault. The instrument includes the data necessary to answer all questions from the most recent version of the Survey of Sexual violence conducted by the Department of Justice.</p> <p data-bbox="280 622 1461 822">115.387 (b) SCDJJ aggregates the incident-based sexual abuse data at least annually as confirmed by the PREA Coordinator, and examination of Each agency facility is required by policy to maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="280 860 1442 1019">115.387 (c) By examination, the Auditor determined that the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p data-bbox="280 1057 1469 1173">115.387 (d) By examination, the Auditor determined that SCDJJ maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="280 1211 1481 1328">115.387 (e) By examination, the Auditor determined that SCDJJ obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.</p> <p data-bbox="280 1366 1477 1482">115.387 (f) By examination, the Auditor determined that SCDJJ, upon request, the agency provides all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p data-bbox="280 1520 1222 1556">The evidence relied upon to make Auditor's determination:</p> <ul data-bbox="280 1594 1394 1845" style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with the PREA Coordinator • Survey of Sexual Victimization 2018, State Juvenile Systems Summary Form • Survey of Sexual Victimization 2020, State Juvenile Systems Summary Form

115.388	Data review for corrective action
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1461 667">115.388 (a): The PREA Coordinator confirmed that the agency reviews data collected and aggregated under § 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Problematic evidence to support this substandard was unavailable. This substandard requires corrective action.</p> <p data-bbox="280 707 1461 864">115.388 (b): The review of data collected and aggregated under § 115.387 should include comparing the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. This substandard requires disciplinary action.</p> <p data-bbox="280 904 1461 1061">115.388 (c): The agency's report requires approval by the agency head and is made readily available to the public through its website or if it does not have one, through other means. This substandard requires corrective action. 115.388 (c)-3 The annual reports are approved by the agency head and forwarded to Public Relations.</p> <p data-bbox="280 1102 1461 1258">115.388 (d): The PREA Coordinator confirmed in an interview that the agency might redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.</p> <p data-bbox="280 1299 1222 1335">The evidence relied upon to make Auditor's determination:</p> <ul data-bbox="352 1402 1307 1688" style="list-style-type: none"> • Pre-Audit Questionnaire • Interview with the PREA Coordinator • Confidentiality and Release of Juvenile Information • SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth • SCDJJ Policy 124 Confidentiality and Release of Youth Information • SCDJJ Policy 336 Application of the PREA Standards • SCDJJ Policy 920 Youth Rights and Responsibilities <p data-bbox="280 1729 557 1765">Corrective Action</p> <ol data-bbox="341 1832 1461 2074" style="list-style-type: none"> 1. This standard requires additional information to determine substantial compliance. Therefore, the PREA Coordinator will review data collected and aggregated under § 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and

corrective actions for each facility, as well as the agency as a whole.

2. The review of data collected and aggregated under § 115.387 shall include comparing the current year's data and corrective actions with those from prior years. In addition, it shall assess the agency's progress in addressing sexual abuse.
3. The agency's report shall include the approval by the agency head and be made readily available to the public through its website or if it does not have one, through other means.
4. The agency shall, if redaction is deemed necessary, be limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

115.389	Data storage, publication, and destruction
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1469 539">115.389 (a) SCDJJ ensures that data collected according to § 115.387 are securely retained. The standard requires that data be collected and securely retained for ten years unless applicable laws require otherwise. The aggregated PREA data is reviewed, and all personal identifiers are removed according to the PREA Coordinator. A review of documentation confirmed the practice.</p> <p data-bbox="280 580 1469 696">115.389 (b) SCDJJ makes all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts readily available to the public annually through its website or, if it does not have one, through other means.</p> <p data-bbox="280 734 1469 813">115.389 (c) SCDJJ has a policy that mandates the removal of all personal identifiers before making aggregated sexual abuse data publicly available.</p> <p data-bbox="280 851 1469 1592">115.389 (d) SCDJJ maintains sexual abuse data collected according to § 115.387 for at least ten years after the initial collection date unless Federal, State, or local law requires otherwise. SCDJJ policy indicates that the agency will maintain data collected under SCDJJ Policy 123, Retention and Disposition of Departmental Records. [PREA Standard(s) §115.389]. However, a review of SCDJJ Policy 123 Retention and Disposition of Departmental Records, Procedural Guidelines, Section D., “This policy pertains to official departmental records regardless of physical format (e.g., paper, microfilm, electronic storage, digital imaging, etc.). It does not pertain to duplicates or drafts. These records may be destroyed by the employee that initiated the document/record when no longer needed for reference. While the wording is nonspecific regarding the retention of sexual abuse data according to the State law, specifically, South Carolina Department of Archives and History, the statutory basis for the Archives’ records management program is contained in the Public Records Act (PDF) (Code of Laws of South Carolina 1976, as amended, Sections 30-1-10 through 30-1-170). In carrying out this function, the Archives’ staff provides advisory services on all major aspects of records management, including microfilm and digital and computer media, as well as traditional paper filing systems and records.</p> <p data-bbox="280 1630 1286 1664">The evidence relied upon to make the Auditor's determination:</p> <ul data-bbox="280 1702 1390 2024" style="list-style-type: none"> <li data-bbox="280 1702 759 1736">• Pre-Audit Questionnaire <li data-bbox="280 1774 1342 1807">• Sampled historical data from the Survey of Sexual Violence 2020 <li data-bbox="280 1845 938 1879">• Interview with the PREA Coordinator <li data-bbox="280 1917 1385 1951">• SCDJJ Policy 123 Retention and Disposition of Departmental Records <li data-bbox="280 1989 1342 2022">• SCDJJ Policy 124 Confidentiality and Release of Youth Information

- | | |
|--|--|
| | <ul style="list-style-type: none">• SCDJJ Policy 336 Application of the PREA Standards• SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth |
|--|--|

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

115.403	Audit contents and findings
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1469 542">115.403 (f) SCDJJ has published on its agency website, made publicly available, all Final PREA Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeals pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision.</p> <p data-bbox="280 577 1222 613">The evidence relied upon to make Auditor's determination:</p> <ul data-bbox="280 649 743 685" style="list-style-type: none">• Internet search: SCDJJ website

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes

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

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots"	yes

	or areas where staff or residents may be isolated)?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	no
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	no

115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	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.)	no
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	no
	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?	yes

115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	no
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes

115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes

115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	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 not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	na

115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	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 the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes

115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes

115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	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 entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.352 (a)	Exhaustion of administrative remedies	
	<p>Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.</p>	yes
115.352 (b)	Exhaustion of administrative remedies	
	<p>Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)</p>	yes
	<p>Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)</p>	yes
115.352 (c)	Exhaustion of administrative remedies	
	<p>Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)</p>	yes
	<p>Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)</p>	yes

115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes

115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	yes
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes

115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	no
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	no

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?	no
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

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

115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes

115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

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

115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes

115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes