PREA Facility Audit Report: Final

Name of Facility: Midlands Evaluation and Development Center
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 08/31/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Adam T. Barnett, Sr.	**Date of Signature:** 08/31/2026

AUDITOR INFORMATION	
Auditor name:	Barnett, Adam
Email:	adam30906@gmail.com
Start Date of On-Site Audit:	06/16/2026
End Date of On-Site Audit:	06/18/2026

FACILITY INFORMATION	
Facility name:	Midlands Evaluation and Development Center
Facility physical address:	4900 Broad River Road, Columbia, South Carolina - 29212
Facility mailing address:	

Primary Contact

Name:	Sytira Coleman
Email Address:	sytirascoleman@djj.sc.gov
Telephone Number:	803.351.8741

Superintendent/Director/Administrator	
Name:	James Smith
Email Address:	jamessmith@djj.sc.gov
Telephone Number:	803.683.0807

Facility PREA Compliance Manager	
Name:	Sytira Coleman
Email Address:	SytiraSColeman@djj.sc.gov
Telephone Number:	8033518741
Name:	Swanzetta Young
Email Address:	swanzettamyoung@djj.sc.gov
Telephone Number:	(803) 239-8500

Facility Health Service Administrator On-Site	
Name:	Janice Padgett
Email Address:	janicempadgett@djj.sc.gov
Telephone Number:	803.722.8940

Facility Characteristics	
Designed facility capacity:	144
Current population of facility:	55
Average daily population for the past 12 months:	65

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
Age range of population:	14-18
Facility security levels/resident custody levels:	Evaluation and Committed
Number of staff currently employed at the facility who may have contact with residents:	245
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	450
Number of volunteers who have contact with residents, currently authorized to enter the facility:	227

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:	Carol Hickman	**Email Address:**	CarolGHickman@djj.sc.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
0	

Number of standards met:
43

Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-06-16
2. End date of the onsite portion of the audit:	2026-06-18

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International SC Department Children's Advocacy Midland

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	144
15. Average daily population for the past 12 months:	55
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes ( ) No (●) 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	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	59
25. 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
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. 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
28. 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
29. 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
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. 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:	10
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. 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):	Note: The auditor reviewed 18 residents placed in segregated housing/isolation, none were for risk of sexual victimization.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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:	245
37. 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:	227

38. 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:	450
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor made a concerted effort to ensure that the sample of residents selected for interviews represented a broad geographic diversity. This process began with a thorough review of the detainee roster, taking into account various factors such as race, ethnicity, length of time incarcerated at the facility, and housing assignments. To further validate the diversity and appropriateness of the sample, the auditor also engaged in informal conversations with residents encountered during the facility tour, cross-checking the selected individuals against these interactions. This approach helped confirm that the interviewee group reflected the overall inmate population in a fair and balanced manner.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0

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".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ), examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.

48. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ), examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.
49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ), examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ), examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ), examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.

52. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Not Applicable.
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Not Applicable.

54. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ), examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility. No Sexual Abuse at the facility.
55. 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:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ), examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility.
56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	During the onsite portion of the audit, facility staff reported that there were no residents from this specific population currently present. Additionally, the facility was unable to provide a list identifying any such residents. To verify these statements, the auditor undertook a multi-pronged approach. This included reviewing information from the Pre-Audit Questionnaire (PAQ), examining relevant documentation available onsite, and engaging in discussions with staff members and observation during facility tours. Through these corroborative methods, the auditor sought to determine whether this population was present at the facility. None were PREA related.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender and Race.

60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	In selecting staff for interviews, both gender and race were considered. These factors were included to ensure that the sample reflected the diversity present within the facility, thereby supporting a fair and representative assessment of the population.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
63. Were you able to interview the Agency Head?	○ Yes ◉ No
a. Explain why it was not possible to interview the Agency Head:	Designee Chief of Staff.
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No
65. Were you able to interview the PREA Coordinator?	◉ Yes ○ No

66. Were you able to interview the PREA Compliance Manager?	◉ Yes ○ No ○ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☒ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☒ Maintenance/construction ☐ Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	The agency head has formally appointed the Chief of Staff to serve as the official designee. This designation ensures that the responsibilities and duties typically carried out by the agency head are appropriately delegated. By selecting the Chief of Staff, the agency maintains both a clear line of authority and continuity in decision-making processes, particularly on matters requiring legal oversight or interpretation.

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.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. 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
73. 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

74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	◉ Yes ○ No
75. Informal conversations with staff during the site review (encouraged, not required)?	◉ Yes ○ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	The auditor conducted a comprehensive site review of the facility, examining a wide range of areas to ensure an in-depth assessment. The following areas were included during the walkthrough: Housing; Intake/Classification; Record Storage; Administrative Areas; Front Entrance; Main Control; Kitchen/Cafeteria; and Intake Holding. Throughout the site review, the auditor completed his personal PREA Audit Site Review Checklist and took notes. This process involved direct observation, testing of critical facility functions, and engaging in informal conversations with both staff and residents. Key observations and actions included: • Assessment of PREA-related signage, including PREA Audit Notices, PREA Posters, Flyers, Pamphlets, and similar materials. • Verification that signage was available in both English and Spanish. • Examination of the height and physical placement of signage to ensure visibility and accessibility. • Identification of any signage that was obscured, unreadable due to graffiti, or otherwise damaged. • Testing of internal and external reporting mechanisms, such as phones. • Observation of housing, the number of toilets and showers, placement of cameras and mirrors, identification of blind spots, staff announcements regarding the presence of the opposite gender, frequency of checks, and verification of whether any youth were present. • Informal conversations with staff regarding facility perceptions of safety and reporting sexual abuse.

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.

77. 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?	◉ Yes ○ No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

79. 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	7	0	0	7
Staff-on-inmate sexual abuse	8	0	0	8
Total	15	0	0	15

80. 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	5	0	0	5
Staff-on-inmate sexual harassment	5	0	0	5
Total	10	0	0	10

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.

81. 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	7	0	0	0	0
Staff-on-inmate sexual abuse	7	0	0	0	0
Total	14	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	7	0	0	0
Staff-on-inmate sexual abuse	7	0	1	0
Total	14	0	1	0

Sexual Harassment Investigation Outcomes

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

83. 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	5	0	0	0	0
Staff-on-inmate sexual harassment	5	0	0	0	0
Total	10	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	5	0	0	0
Staff-on-inmate sexual harassment	5	0	0	0
Total	10	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	25

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	7
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	8
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	10
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	5
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	5
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff	
102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	( ) Yes (●) No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	(●) Yes ( ) No
a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:	2
AUDITING ARRANGEMENTS AND COMPENSATION	
108. 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
Identify the name of the third-party auditing entity	Diversified Correctional Services, LLC.

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
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy, 336, Application of the PREA Standard • SCDJJ policy, 321, Prevention of Sexual Offenses towards Youth • Attachment 321A, General Definitions for PREA Standards • South Carolina Department of Juvenile Justice Organizational Chart • Letter Appointing PREA Compliance Manager • Facility Organizational Chart • PREA Coordinator • PREA Compliance Manager **Reasoning and Analysis (By Provisions)** **115.311 (a)** Agency have a written policy mandating zero tolerance toward all forms of sexual

abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.

Review of Documents:

Pre-Audit Questionnaire indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassments in facilities it operates directly or under contract.

SCDJJ Policy, 336, Application of the PREA Standard Section A.1: SCDJJ policy, 321, Prevention of Sexual Offenses towards Youth, establishes a zero tolerance for any form of sexual abuse and/or sexual harassment in all facilities operated b or operated under contract with SCDJJ.

The agency/facility enforces a zero-tolerance policy for all forms of sexual abuse and sexual harassment. The policy describes the facility's approach to prevention, detection, and response to such conduct. It includes definitions of prohibited behaviors related to sexual abuse and sexual harassment and outlines sanctions for individuals found to have engaged in prohibited behaviors. The prohibited behaviors are in General Definitions for PREA Standards, Attachment 321A, effective date 3/2022. The definitions mirror the PREA standards 115.6 Definitions related to sexual abuse.

The auditor discusses policies updates with current dates. There were no major changes. The Agency PREA Coordinator provide the auditor with an email dated August 5, 2025, at 10:07am stating, "This email serves as a notification that our agency is currently in the process of updating and/or revising agency policies that may be relevant to ongoing audit. Copies of relevant policies and any required supporting documentation will be provided during the pre-audit review and the onsite audit and after upon request.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal conversations with the Agency PREA Coordinator and the Facility PREA Compliance Manager confirmed that the agency has a written PREA policy that is included in staff PREA training and the staffing plan.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.311 (b)

The agency employs an upper-level, agency-wide PREA coordinator with sufficient

	time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. **Review of Documents:** Pre-Audit Questionnaire indicated that the agency designates or employs a senior-level, agency-wide PREA Coordinator. SCDJJ Policy 336, Application of the PREA Standards - The SCDJJ PREA Coordinator has full authority for development, implementation, and oversight of the Agency's efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ. SCDJJ Policy 321, Prevention of Sexual Offenses toward youth states that SCDJJ will designate an agency wide PREA Coordinator (Agency Wide Standard Manager) with the authority to develop, implement, and oversee efforts to comply with PREA standards in all facilities. Each SCDJJ and contracted facility will designate a PREA Compliance Manager with sufficient time and authority to, under the guidance of the agency's PREA Coordinator, manage each facility's efforts to comply with the PREA Standards. By examining the SCDJJ agency's organizational chart, the auditor determined that the PREA Coordinator position reports to the Office of Continuous Quality Improvement. The Office of Continuous Quality Improvement reports to the Chief of Staff, and that position reports to the Executive Director. **PREA Coordinator – Q: 1, 2, 3** The PREA Coordinator has affirmed that she is allocated sufficient time and possesses the requisite authority to ensure all facilities comply with PREA standards. She is responsible for overseeing five facilities and reports directly to the Office of Continuous Quality Improvement, as indicated in the agency's organizational chart. The PREA Coordinator verified that the agency employs four facility PREA compliance managers and one PREA Compliance Specialist. The PREA Compliance Specialist reports directly to the agency's PREA Coordinator. The PREA Coordinator works with Facility Administrators and the PREA Compliance Manager to address issues which may involve additional training, policy changes, or new procedures. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the facility tour, the auditor had informal conversations with staff about the Agency's PREA Coordinator present at the facility. Most staff indicated that they were aware of who the agency PREA Coordinator is. The auditor also noted the Agency PREA Coordinator position on the organization chart. **Corrective Action: Not Required**

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.311 (c)

Where an agency operates more than one facility, each facility has a designated PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Review of Documents:

Pre-Audit Questionnaire indicated that the facility has designated a PREA Compliance Manager (PCM).

SCDJJ Policy 336, Application of the PREA Standards indicates – For each facility SCDJJ operates and contacts, with, a facility PREA Compliance Manager shall be designated and will have the authority to oversee the facility's day to day PREA compliance efforts and will serve as the facility's liaison on all matters concerning PREA within that institution.

Further, by examination of the agency's website, the auditor confirmed that the SCDJJ operates more than one facility, and each facility has a designated PREA Compliance Manager.

The auditor reviews an email dated September 20, 2024, appointing the facility PREA Compliance Manager. The email stated that where an agency operates more than one facility, each facility shall designate a PREA compliance manager (PCM) with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards, it was suggested that the Assistant Facility Administrators take on the role of the PCM.

A review of the facility's organizational chart confirmed the position of PREA Compliance Manager (PCM) reports directly to the Facility Administrator for all REA related issues.

PREA Compliance Manager – Q:1, 2, 3

PREA Compliance Manager: Are you able to fulfill your PREA responsibilities? Yes.

Facility PREA Compliance Manager: Strategies for PREA compliance include updating signage, ensuring staff complete required training, reviewing policy changes, analyzing incident reports, and meeting with management on PREA issues.

Facility PREA Compliance Manager: When a concern related to a PREA standard is identified, review the standard, determine the underlying cause, update sign postings as necessary, confirm staff completion of training, examine relevant policies and incident reports, meet with managers, consult the agency PREA

	coordinator, and collaborate with managers to develop a corrective action plan. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** The facility organizational chart displays a PREA compliance manager with "PREA" listed under the name. The chart was observed by the auditor during the site visit. Informal discussions with the Facility PREA Compliance Manager confirmed that she has both adequate time and the necessary authority to effectively coordinate and oversee efforts aimed at meeting the PREA standards within the facility. This assurance reflects the manager's capacity to fulfill her responsibilities and actively engage in activities that support compliance, such as organizing staff training, reviewing policies, analyzing incident reports, and collaborating with facility leadership on PREA matters. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth • Contracts • Contract Facilities & PREA Reports (Website) • Agency’s Contract Administrator • Informal Conversations • Beaufort Marine Institute (Males, 30 Beds)

- Gateways (Males, 12 Beds)
- Camp Aspen (Males, 30 Beds)
- Camp Bennettsville (20, Beds)
- Camp Sand Hills (Males, 30 Beds)
- Georgetown Marine Institute (Males, 30 Beds)
- Generations-Bridges (26 Beds)
- Piedmont Wilderness Institute (Females, 20 Beds)
- Camp White Pines 1 (Males, 40 Beds)
- Camp White Pines 2 (Males, 20)

Reasoning and Analysis (By Provisions)

115.312 (a)

A public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.

Review of Documents:

Pre-Audit Questionnaire indicated that the agency has entered or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later.

Pre-Audit Questionnaire: The number of contracts for the confinement of residents that the agency entered or renewed with private entities or other governmental agencies on or after August 20, 2012, or since the last PREA audit, which is later, facility reported 9. The number of above contracts that Did Not require contractors to adopt and comply with PREA standards, facility reported 0.

SCDJJ Policy 321, Prevention of Sexual Offenses toward youth - The SCDJJ PREA Coordinator has full authority for development, implementation, and oversight of the Agency's efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ.

DJJ has developed various community-based residential services (9) to keep young people in the least restrictive environment. According to PREA Coordinator and new contract or contract renewal provides for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

The auditor reviews the private facilities contract language to ensure that it is obliging entities to adopt and comply with the PREA standards. Contract language "The contractual program shall adopt and comply with the federal Prison Rape Elimination Act (PREA) Standards in regard to any juvenile placed by SCDJJ in the contractual program. The contractual program shall ensure that all its employees and all of the employees of other agencies, entities, or contractors who directly supervise juveniles are oriented and trained in their responsibilities related to PREA prior to allowing those employees to have contact with any juvenile. The contractual

program shall immediately report each PREA related incident, complaint allegation, or investigation to SCDJJ. The contractor will comply with all ERMIS reporting requirements. During normal working hours, SCDJJ's Office of Community Alternatives shall be immediately contacted by the Program and report whatever preliminary information about the event is available to them at that time. After normal working hours, or on a weekend or holiday, SCDJJ's Inspector General's Office shall be immediately contacted via an ERMIS report with the same information contained within".

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal discussions with the PREA Coordinator confirmed that the agency utilizes private contractors for the confinement of residents. These conversations further established that every contract executed by the agency contains specific language requiring compliance with the Prison Rape Elimination Act (PREA) standards. The inclusion of this language ensures that all private contractors are obligated to uphold the federal requirements outlined by PREA, reinforcing the agency's commitment to maintaining a safe and compliant environment for juveniles.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.312 (b)

Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Review of Documents:

Pre-Audit Questionnaire indicated that on or after August 20, 2012, or since the last PREA audit, whichever is later, the number of the contracts referenced in 115.312 (a) that do not require the agency to monitor contractor's compliance with PREA standards, facility reported 0.

SCDJJ Policy 321, Prevention of Sexual Offenses toward Juveniles - The SCDJJ PREA Coordinator has full authority for development, implementation, and oversight of the Agency's efforts to comply with the federal PREA standards in all SCDJJ facilities and facilities operated under contract with SCDJJ.

The auditor reviewed and confirmed through PREA Reports that the agency monitored their contract facilities. The following facilities were listed:

- Beaufort Marine Institute (Males, 30 Beds)

- Gateways (Males, 12 Beds)
- Camp Aspen (Males, 30 Beds)
- Camp Bennettsville (20, Beds)
- Camp Sand Hills (Males, 30 Beds)
- Georgetown Marine Institute (Males, 30 Beds)
- Generations-Bridges (26 Beds)
- Piedmont Wilderness Institute (Females, 20 Beds)
- Camp White Pines 1 (Males, 40 Beds)
- Camp White Pines 2 (Males, 20)

All reports referenced above regarding PREA compliance and annual audits are available for public review. Interested parties can access these documents through the agency's official website, ensuring transparency and accountability in the monitoring of contract facilities.

Agency's Contract Administrator – Q: 1, 2, 3

Agency's Contract Administrator/Director of Community Alternative: How do you monitor each contract for confinement services to determine if the contractor complies with required PREA practices? Each contractor is required to adhere to all federal regulations. Each camp is audited yearly to ensure they are adhering to PREA regulations and has incorporated policies to ensure youth are aware of their PREA rights. Youth sign a form acknowledging their PREA rights.

Agency's Contract Administrator/Director of Community Alternative: Have PREA compliance results been completed for each contract entered into agreement within the past 12 months? Yes, PREA compliance is documented on the annual reviews (audits) for the contractors. This information is contained in the summary of the annual review (audits) reports. The camps must complete the required three-year PREA audit by a certified PREA auditor. These are contractual requirements.

Agency's Contract Administrator/Director of Community Alternative: Have contract facilities completed and PREA compliance results submitted? Yes, results were submitted at the request of the SCDJJ PREA Compliance Specialist. To date, there are no outstanding PREA reports due.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

An informal conversation with the PREA Coordinator revealed that the South Carolina Department of Juvenile Justice has contracted private entities for confinement. The coordinator provided a copy of the contract with the contract facilities, which included requirements for PREA compliance. Documentation confirmed that the coordinator monitored the private facilities.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as

	interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.313	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336 – Application of the PREA Standards • SCDJJ Policy 513 Supervision of Youth in Secure Residential Facilities • SCDJJ Policy 314 – Camera Surveillance System • Staffing Plan • Facility Layout • SCDJJ Deviation Form Staffing Plan • Site Review • Staffing Plan Compliance Checklist • Unannounced Rounds/Security Checks • Housing Rosters • Daily Shift Sheets • Facility Administrator or Designee • PREA Coordinator • PREA Compliance Manager • Intermediate or Higher-Level Facility Staff **Reasoning and Analysis (By Provisions)** **115.313 (a)** The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:

	• Generally accepted detention and correctional practices. • Any judicial findings of inadequacy. • Any finding of inadequacy from Federal investigative agencies. • Any findings of inadequacy from internal or external oversight bodies. • All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated). • The composition of the resident population. • The number and placement of supervisory staff. • Institution programs occurring on a particular staff. • Any applicable State, or local laws, regulations, or standards. • The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and • Any other relevant factors. **Review of Documents:** Pre-Audit Questionnaire: Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents, facility reported 65. Since Augusta 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated, facility reported 114. SCDJJ Policy 336 – Application of the PREA Standards section A.4 – each facility is required to develop and comply with a written and documented staffing plan. The staffing plan will be reviewed at least yearly in cooperation between the Facility Administrator and the Agency PREA Coordinator in accordance with SCDJJ Policy 513 Supervision of Juveniles in Secure Facilities and the PREA Juvenile Facility Standards. SCDJJ Policy 513 Supervision of Youth in Secure Residential Facilities Section D: The facility Administrator will develop, implement, and document a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. The facility will comply with the staffing plan except during limited and discrete exigent circumstances and will fully document deviation from the plan during such circumstances. Whenever necessary, but no less frequently than once each year, each facility, in consultation with the PREA coordinator, will assess, determine, and document whether adjustments are needed. SCDJJ Policy 314 – Camera Surveillance System, states that SCDJJ will use surveillance equipment to enhance the safety and security of the juveniles and staff by providing a visual account of activities within SCDJJ facilities. Section B.4, The digital video recorder (DVR) will be in a secure area with restricted access to only CSPs and Chief Investigators must authorize any other access must have authorization from the Inspector General and/or Chief Investigators. SCDJJ Policy 513 Supervision of Youth in Secure Residential Facilities Section F: Surveillance Camera Monitoring, where located, will be used consistently with SCDJJ Policy 314, Camera Surveillance System. In no situation will camera monitoring replace the presence of staff supervision.

	The auditor examined the staffing plan, which included details regarding: • The South Carolina Department of Juvenile Justice Midlands Evaluation and Development Center (MEDC) is a secure long-term facility serving youth from South Carolina's 46 counties. The Midlands Evaluation and Development Center is located at 4900 Broad River Road, Columbia, SC 29210. The Midlands Evaluation and Development Center has a housing rated capacity for 144 youth with an operational capacity of 116 youth. The facility houses young males between the ages of 12 and up to 22 years old. • The facility currently employs 100 security officers, 41 Security Supervisory Staff (Sergeants, Lieutenants, Captains, Assistant Facility Administrators, and Facility Administrator), 31 teachers, 5 Programming staff, 21 Clinical workers, and 13 Medical Staff. • Minimum Staffing Requirements: o The number of allocated security (direct care) positions: 115 with 100 currently filled. o The number of security supervisor (Sgt, Lt, Capt., AFA) positions allocated – 41. • The Midlands and Evaluation Development Center consists of the following housing units and facility areas: o Housing Units: Catawba – Building Non-Operational; Cedar -16/20 Building Partially Non-Operational; Cypress – 24/30 24 single cells and 6 isolation cells; Holly – 26/30 26 single cells and 4 isolation cells; Magnolia – 0/0 Building Non-Operational; Maple 24/30 Building Non-Operational; Myrtle – 0/0 Building Non- Operational; and Poplar – 24/30 24 single cells and 6 isolation cells. o Other Areas: Admissions and Intake; Education; Medical; Programming; Staff Only Administrative; Non-Operational Building. • Video Monitoring System: o The Midlands Evaluation and Development Center uses 640 cameras across the areas identified in the physical plant. These cameras are continuously monitored and recorded 24 hours a day, seven days a week, both within individual unit control rooms and through a centralized control room. This comprehensive video monitoring system supports ongoing supervision, enhances safety, and helps maintain compliance with PREA standards. **Facility Administrator or Designee – Q: 1, 2, 3 / PREA Compliance Manager – Q: 4** Note: The interviews were documented/type directly into the report as staff were responding. Facility Administrator: Does the facility regularly develop a staffing plan? Yes. The plan takes into account adequate staffing levels to safeguard residents from sexual abuse by conducting risk assessments, analyzing incident history, and considering the facility's layout. Staff coverage is prioritized in high-risk zones and during

	periods of increased activity. Video monitoring is incorporated into the plan. The staffing strategy is formally documented within the facility's operational manual and maintained by the administrative office. This documentation is regularly reviewed during internal audits and PREA compliance evaluations. Facility Administrator: When assessing adequate staffing levels and the need for video monitoring, explain if and how the facility staffing plan considers: • Generally accepted detention and correctional practices. The facility follows best practices recommended by juvenile justice authorities and national correctional standards to guide staffing ratios and supervision protocols. • Any judicial findings of inadequacy. Any court rulings or consent decrees that identify staffing deficiencies are reviewed and integrated into the facility's planning to ensure compliance and improvement. • Any findings of inadequacy from federal investigative agencies. The facility considers recommendations or findings from agencies such as the Department of Justice or Office of Juvenile Justice and Delinquency Prevention. • Any findings of inadequacy from internal or external oversight bodies. Reports from internal audits, state inspections, and external PREA auditors are used to identify areas needing increased staffing or monitoring. • All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated). The facility staff conduct regular walkthroughs and use camera footage to identify blind spots or isolated areas, adjusting staffing and camera placement accordingly. • The composition of the resident population. Staffing levels are adjusted based on the age, gender identity, behavioral needs, and vulnerability of residents. • The number and placement of supervisory staff. Supervisory coverage is strategically assigned to ensure oversight across all shifts and facility zones. • Institution programs occurring on a particular shift. The facility increases staffing during high-activity periods such as school hours, recreation, and visitation to ensure adequate supervision. • Any applicable state or local laws, regulations, or standards. The facility complies with all staffing mandates outlined in state juvenile justice regulations and local policies. • The prevalence of substantiated and unsubstantiated incidents of sexual abuse. Incident data is reviewed to identify patterns and adjust staffing or monitoring in areas with higher risk. • Any other relevant factors. The facility also considers staff turnover, training levels, and feedback from residents and staff when evaluating staffing needs. Facility Administrator: How do you check for compliance with the staffing plan?

	Management conducts regular shift audits, review incident reports, and monitors staffing logs. Supervisors verify coverage and report any deviations. Compliance is also reviewed during monthly administrative meetings. This information is documented on each shift report with the names of the staff and the number of residents. Facility PREA Compliance Manager: When assessing adequate staffing levels and the need for video monitoring, explain if and how the facility staffing plan considers requirements in the provision. Factors considered in assessing staffing levels include accepted juvenile detention practices, judicial or oversight findings of inadequacy, all aspects of the facility's physical plant (such as blind spots), resident population composition, placement and numbers of supervisory staff, shift-specific programs, relevant laws and standards, and rates of sexual abuse incidents. Assessment also accounts for population needs, behavior and incident history, housing and facility layout, and ensures coverage for high-risk areas and peak movement times. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the site review, the auditor compares the written staffing plan against actual facility conditions and practices. This process involves systematically observing staff deployment and electronic monitoring throughout the facility, with a particular focus on sexual safety. The auditor assesses whether the staffing plan accurately identifies and addresses staffing and surveillance needs and verifies that the facility is staffed in accordance with the documented plan. Any discrepancies between the staffing plan and observed staffing levels or monitoring practices are noted, with attention to whether such deviations have been properly documented. The auditor observes the number of staff, contractors, and volunteers present to include security and non-security staff: • Housing Units • Isolated areas like administrative/disciplinary segregation and protective custody • Programming, work, education • Areas where sexual abuse is known to be more likely to occur according to the staffing plan The auditor observed areas where residents in the facility are not allowed to determine whether movement in and out of that space is monitored by cameras or other forms of surveillance, to ensure that residents never enter those areas. The auditor examined the supervision levels and frequency of room checks in housing areas with double-celled residents, dormitories, or holding cells with multiple occupants, there were known. There were informal conversations with staff regarding staffing concerns, overcrowding, and failure to meet staffing ratios, and poor line of sight.

	Informal discussions with the PREA Compliance Manager revealed that the facility evaluates its staffing and video surveillance requirements to ensure compliance with established standards. The plan considers various factors such as the facility layout, blind spots, population composition, and incidents of sexual abuse. During the site review, the auditor observes the following: The number of staff in the housing units. Informal conversations with the officers in each unit reported the number of residents in each housing unit and the number of staff assigned to that shift not including the rover or supervisor. These housing units did not have an isolated area like administrative/disciplinary segregation and protective custody. There was no programming, work, or education provided in these units. The auditor reviews the areas where sexual abuse is known to be more likely to occur according to the staffing plan. During the housing site review, the auditor observes the staff line of sight and assesses whether there are blind spots. Informal conversations with staff indicate ensuring the safety of the youth in the areas of blind spots, officers are directed to be observant of those areas and are not allowed to have one on one contact outside of the camera's view. Officers are briefed on the locations with potential blind spots and those identified are checked during supervisory security checks and unannounced rounds. There are currently no identified blind spots currently. The auditor counted cameras in each unit and where they are located. There were cameras in all units. In addition, some areas have mirrors in the corners to eliminate blind spots. The auditor determines that movement in and out of the units is monitored by surveillance and by staff. The auditor observes indirect supervision and frequency of cell checks in housing units where the residents are double-celled and open bay. The frequency was confirmed by reviewing the unit logbook and informal conversation with the officer. When the auditor visits the main control room and reviews the monitors for the housing units. Informal conversation with the control room officer reported that the control room is staff 24/7 and indirect supervision is a part of the shift change. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.313 (b)**

	In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. **Review of Documents:** Pre-Audit Questionnaire: Each time the staffing plan is not complied with, the facility documents justify all deviations from the staffing plan response, facility reported yes. Pre-Audit Questionnaire Indicated: If documented, the six most common reasons for deviating from the staffing plan in the past 12 months: facility reported understaff. SCDJJ Policy 336, Application of the PREA Standards – Each facility will document and log all instances of non-compliance with the staffing ratios, which will include written corrective actions plans. All documentation of non-compliance will be provided to the facility PREA Compliance Manager for filing purposes. SCDJJ Policy 513 Supervision of Youth in Secure Residential Facilities Section E: The facility will comply with the staffing plan except during limited and discrete exigent circumstances and will fully document deviation from the plan during such circumstances. A review of the Facility Staffing Plan included the following: • If minimum staffing levels cannot be met due to unforeseen or emergency circumstances, the facility will take immediate action to ensure adequate supervision and maintain youth safety and security. • Supervisory staff are responsible for promptly implementing corrective measures, which may include reassigning available personnel, assuming direct supervision duties, and/or securing additional staffing resources. Strategies to address and correct staffing deviations include; Mandatory Overtime, Post Reassignment, Restricted Movement, Increased Supervisory Presence, and Temporary Suspension of Non-Essential Activities. • Any instance of staffing deviation is thoroughly documented, including the circumstances leading to the deviation, actions taken to address the shortfall, and the duration of the occurrence. All documented deviations are reviewed by facility leadership to identify trends, assess operational impacts, and implement corrective actions as necessary. The facility used the SCDJJ Deviation Form Staffing Plan to document deviations. A review of the Deviation Forms included Report Date, Reason (s) for Deviation, Corrective Action Plan, and Facility Administrator Signature and Date. A review of 1 deviation justifications noted the need for additional staff. Staff retention was identified as a concern. Facility Administrator – Q: 4 Facility Administrator: Under what circumstances would/has the facility been unable

to meet the requirements of the staffing plan? Limited or exigent circumstances such as staff illness, emergencies, or unexpected absences may impact staffing. In such cases, the facility documents the incident and deploys contingency measures like overtime or temporary reassignment.

- Does the facility document all instances of non-compliance with the staffing plan? Yes, all deviations are logged in the shift report and reviewed by administrators.

- If yes, does this documentation include explanation for non-compliance? Yes, each entry includes the reason for non-compliance and the corrective action taken.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Review site review under provision (a).

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.313 (c)

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

Review of Documents:

Pre-Audit Questionnaire: In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours, facility reported 1. In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during the resident sleeping hours, facility reported 0.

SCDJJ Policy 336 – Application of the PREA Standards section A.4a – Each facility's written staffing plan reflects pursuance to and maintenance of staffing rations of 1:8 during waking hours and 1:16 during sleeping hours.

A review of the Facility Staffing Plan included the following information:

- Staff to Youth Ratios:

	o The Midlands Evaluation and Development Center maintains the following minimum staffing ratios in accordance with PREA standards and established best practices: o Awake Hours – 1 staff member to 8 youth o Sleeping Hours – 1 staff member to 16 youth To confirm the staff to youth ratios the auditor requested and received the shift reports for the 1st, 10th, and 20th of the months for the past six months. The reports covered 1:8 ratios during waking hours and 1:16 during sleep hours. A Review of the Requested Shift Reports for November 1, 2025, to May 3, 2026, it was determined that of the 19 shift reports reviewed 9 did not meet the 1:8 ratio. Of the 16 reports reviewed 3 did not meet the 1:16 requirement. **Facility Administrator – Q:5** Facility Administrator: Are you obligated by law, regulation, or judicial consent decree to maintain staffing ratios? Yes, the facility follows the PREA standards ratios of 1:8 during the waking hours and 1:16 during sleeping hours. • How do you ensure the facility maintains appropriate staffing ratios? Staff conduct regular audits and maintain a pool of on-call staff to ensure compliance. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** On June 16 and 17, 2026, the auditor conducted a facility tour and observed the following staff to youth ratios: • Catawba – Closed • Cedar – (E) 2:50pm Staffing Ratio = 1:7 / (D) 2:27pm Staffing Ratio = 1:12 None-Compliant • Cypress – (A) 12:40pm Staffing Ratio = 1:2 (C) Closed / (B) 12:54pm Staffing Ratio = 1:3 • Holly – (A) 1:54pm Staffing Ratio = 1:2 / Outside Rec. 1:3 • Maple - Closed • Myrtle – Closed • Poplar – (B) 1:32pm Staffing Ratio = 1:10 None-Compliant/ • Admissions and Intake – No Residents • Education – 9:15am o Classroom A19 Staffing Ratio = 2 Teachers and 3 Students (Non-Compliant) No Officer o Classroom A21 Staffing Ratio = 1 Teacher and 2 Residents (Non-Compliant) No Officer o Classroom A18 Staffing Ratio = 1 Teacher and 2 Residents (Non-Compliant) No Officer • Medical – Two Residents and Two Officers

	During the facility tour, the auditor confirmed that the facility was not compliant with the required ratios. The auditor held informal conversations with staff and residents. Staff members were asked about the frequency of room checks, and they indicated these occur every 5 to 30 minutes. They are documented in the unit logbook. Corrective Action (s): Required **Corrective Action (s):** SCDJJ recognizes the importance of maintaining the required staff-to-youth ratio within educational settings and remains committed to ensuring the safety, security, and effective supervision of youth during school hours. Per SCDJJ operational procedures, the required ratio within individual classrooms is 1:8, and until teachers become applicably trained to count toward this ratio, a trained staff member must be assigned to each classroom. SCDJJ also recognizes that the juvenile justice field continues to experience significant workforce recruitment and retention challenges. This is not unique to South Carolina and reflects a broader national trend affecting juvenile justice agencies across the country. The difficulty in recruiting and hiring qualified Juvenile Correctional Officers (JCOs) has created staffing challenges that impact the ability to fully staff all required posts. To address the ratio requirement in education, MEDC is implementing a combination of short-term and long-term strategies to ensure compliance with this standard. Short-Term Plan • Continue aggressive recruitment efforts to fill vacant JCO positions. • Utilize other applicably trained staff, to provide classroom coverage when staffing vacancies exist. • Combine classes where appropriate and operationally feasible to reduce the number of staff posts required while maintaining safety, supervision, and educational services. Long-Term Plan • Continue ongoing recruitment and retention efforts to increase the number of applicably trained staff available to support educational operations. • Work collaboratively with educational leadership to pursue the teachers to be applicably trained, so they may be counted toward ratio requirements in accordance with SCDJJ operational procedures. • Develop a sustainable staffing model that ensures long-term compliance with classroom ratio standards while supporting the educational mission of the facility. Through these combined measures, SCDJJ is taking proactive steps to address current staffing shortages while maintaining compliance with operational procedural requirements and ensuring the continued safety and supervision of youth within the educational setting. The agency remains committed to achieving full staffing levels

	and implementing long-term solutions that will provide greater operational stability and support compliance with classroom ratio standards. The population in Cedar has been reduced to 8 youths in each pod which is now meeting the required ratios. **Provision Findings:** An examination of the relevant documents, including the facility corrective action plans, PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.313 (d)** Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by standard 115.311, the agency shall assess, determine, and document whether adjustments are needed to: • The staffing plan established pursuant to paragraph (a) of this section. • Prevailing staff patterns. • The facility's deployment of video monitoring systems and other monitoring technologies; and • The resources the facility has available are available to commit to ensure adherence to the staffing plan. **Review of Documents:** Pre-Audit Questionnaire: At least once every year the agency of facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan, facility reported yes. SCDJJ Policy 513 Supervision of Youth in Secure Residential Facilities Section E: The facility will comply with the staffing plan except during limited and discrete exigent circumstances and will fully document deviation from the plan during such circumstances. Whenever necessary, but no less frequently than once each year, each facility, in consultation with the PREA coordinator, will assess, determine, and document whether adjustments are needed. A review of the Facility Staffing plan included Annual Staffing Plan Review information: • The PREA Compliance Manager coordinates the annual staffing plan review with the participation of: PREA Agency Coordinator, Facility Administrator, Facility Security Leadership, Facility Program Leadership, Facility Health Services, and Human Resources Representative.

- The annual review process includes a thorough evaluation of critical factors impacting staffing adequacy and facility operations, including – Staffing Adequacy; Monitoring Technology; Youth Population Trends; Incident Data; PREA Allegations; Vacancy Rates; Facility Modifications; and Recommendations for Improvement.

The auditor reviewed the Facility Staffing Plan; a part of the review covers the "Staffing Plan Compliance Checklist". This confirmed that the Staffing Plan is reviewed annually and signed by Facility PREA Compliance Manager, Facility Administrator, Agency PREA Coordinator, Associate Deputy of Security & Operations, and the Deputy of Security & Operations. The last review date signed was June 11, 2026.

PREA Coordinator – Q: 10

The PREA Coordinator has verified that the facility's staffing plan undergoes an annual review, with her input sought for any required modifications, which are then documented and signed accordingly.
Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.313 (e)

Each secure facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members to ensure that these supervisory rounds are occurring, unless such an announcement is related to the legitimate operational functions of the facility.

Review of Documents:

Pre-Audit Questionnaire: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section A.6 states in accordance with SCDJJ Policy 513, Supervision of Youth in Secure Facilities, Intermediate to higher level supervisors will conduct and document all unannounced rounds/security checks. Unannounced rounds/security checks will be conducted weekly on all shifts and are prohibited from being announced or alerted to unless it is due to a

	legitimate operational function of the facility. A review of the Facility Staffing Plan included the following information: • The Midlands Evaluation and Development Center requires upper-level supervisory staff Lieutenant or above, to conduct and document unannounced rounds in accordance with PREA. These rounds are intended to identify and deter staff sexual misconduct, sexual abuse, sexual harassment, and inappropriate relationships with youth. • Unannounced rounds are implemented consistently to reinforce facility-wide accountability and to promote a safe and secure environment. To preserve the integrity and effectiveness of these rounds, supervisory staff re strictly prohibited from announcing their presence unless necessary for a legitimate operational function of the facility. The auditor reviewed 20 random Unannounced Facility/Program Rounds. Random unannounced rounds were reviewed from December 2025 through June 2026. The documentation on the round sheets included: Level of Care (Secure, Moderate, Community Based); Shifts; Observer; Were Staff Alerted to Unannounced Round? Observation and summary of Rounds; Follow-Up Needed; Distribution to DJJ PREA Coordinator, Facility PREA Compliance Manager. **Statements: Intermediate or Higher-Level Facility Staff – Q: 1, 2, 3** Intermediate or Higher-Level Facility Staff: Have you conducted unannounced rounds? Yes. Intermediate or Higher-Level Facility Staff: Have you documented these rounds? Yes. Intermediate or Higher-Level Facility Staff: How do you prevent staff from alerting other staff that you are conducting unannounced rounds? Staff conducting unannounced rounds indicated that they use different routes and time. They use their keys to open doors, during shift briefing they ask officers not to inform other staff of the rounds, and they listen to the radio for staff communications. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility

	documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • SCDJJ Policy 513 – Supervision of Youth in Secure Residential Facilities • SCDJJ Policy 312 Search Procedures • SCDJJ 312B, Cross Gender Search Documentation • Staff Training Acknowledgement/Certification • Non-Medical Staff (involved in cross-gender strips or visual searches) • Random Sample Staff • Resident Interview Questionnaire **Reasoning and Analysis (By Provisions)** **115.315 (a)** The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. **Review of Documents:** Pre-Audit Questionnaire: In the past 12 months, the number of cross-gender strips or cross-gender visual body cavity searches of residents, facility reported 0. SCDJJ Policy 336, Application of the PREA Standards Section A.6 states pursuant 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. All cross-gender searches are documented on Form 312B, Cross-Gender Search. SCDJJ Policy 312 Search Procedures Section A.6e: SCDJJ shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. SCDJJ Policy 312 Search Procedures Section A.6b-c: (b) If the Deputy Director approves a body cavity search, he/she will contact the SCDJJ Director of Health

Services. The Director of Health Services will contact a contracted health service provider to perform the body cavity search. (c) The body cavity search must be conducted in a medical area.

SCDJJ Policy 312 Search Procedure, Section A., Searches and Search Techniques, Subsection 4b, Juvenile Frisk Search (effective 4/16/2020) indicates that SCDJJ will not conduct cross-gender frisk searches except in exigent circumstances, which will be documented and justified.

In the event of an exigent/emergency circumstance, the unit supervisor of the officer searching will ensure that the form 312B, Cross Gender Search Documentation, is fully completed for each search and forwarded to Facility Operations/Central Control for distribution to the following within 48 business hours of the event (s):

- Facility PREA Compliance Manager.
- Facility Security Supervisor.
- Facility Administrator.
- PREA Coordinator

The auditor reviewed 72 (facility has none) SCDJJ 312B, Cross Gender Search Documentation to determine compliance with this provision. The Form included the Instructions: This form is to be used when there is an exigent circumstance for which a staff member of the opposite sex of a juvenile must conduct search of that juvenile. This form must be completed in its entirety and signed by a supervising official, then turned into the Office of the PREA Coordinator within 5 business days for each juvenile searched.

Non-Medical Staff (involved in cross-gender strip or visual searches) – Q: 1

Two non-medical staff stated they have never participated in cross-gender strip or visual searches, nor faced urgent situations requiring such actions.
Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the site review, the auditor observed areas that may be used to conduct strip searches and visual body cavity searches. Those areas are the visitation room, intake arrival room and medical room. No strip searches or visual body cavity searches are conducted by opposite-gender. The areas that the searches are conducted are privacy. Pat down searches are conducted by same and/or opposite genders.

Through informal conversations with facility officers, it was found that staff members do not recall any instances in which visual body cavity searches were performed due to exigent circumstances. Officers consistently indicated that such searches have not been conducted for urgent reasons, suggesting a strong adherence to established protocols for search procedures.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.315 (b)

The agency shall not conduct cross-gender pat-down searches except in exigent circumstances.

Review of Documents:

Pre-Audit Questionnaire: In the past 12 months, the number of cross-gender pat-down searches of residents, facility reported did not response. In the past 12 months, the number of cross-gender pat-down searches of residents that did not involve exigent circumstances (s), facility reported did not response.

SCDJJ Policy 336, Application of the PREA Standards Section A.6 states pursuant 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.

SCDJJ Policy 312 Search Procedures Section A.3: SCDJJ will not conduct gross-gender pat-down searches except in exigent circumstances.

The auditor examined the SCDJJ 312B Cross Gender Search Documentation to assess compliance with this provision. The form states that it should be used when there is an urgent situation requiring a staff member of the opposite sex to search a juvenile. It must be fully completed, signed by a supervising official, and submitted to the Office of the PREA Coordinator within five business days for each search being carried out.

During the onsite review the auditor reviewed 72 cross-gender searches, all searches were according to standards.

Random Sample of Staff – Q: 3 / Resident Interview Questionnaire – Q: 2

Twelve random staff were interviewed by the auditor's non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. Are you restricted from conducting cross-gender pat-down searches except in exigent circumstances? Staff indicated no. Can you provide an example of a circumstance that would warrant such a search? There were no examples. Note: Male only Facility.

Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. The interview included all males. Have female staff ever performed a pat down search on your body? All residents said no.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour, the auditor confirmed that there were no female residents present at the time of observation. This finding is relevant to the assessment of cross-gender search practices, as the absence of female residents eliminates the possibility of male staff conducting cross-gender searches on females within this review period. This observation supports the facility's compliance with policies limiting cross-gender searches and aligns with the documentation and interview responses indicating such searches have not occurred.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.315 (c)

The facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

Review of Documents:

Pre-Audit Questionnaire: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified. facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section A.6 states pursuant to SCDJJ Policy 312 Search Procedures –All cross-gender searches are documented on Form 312B, Cross-Gender Search.

The documentation indicates that a juvenile body cavity search will only be conducted when authorized in writing by the Inspector General or the Deputy Director of Institutional Services as well as the Detention and Evaluation Centers. The Inspector General or a Deputy Director will not authorize a body cavity search unless there exists sufficient reason to believe that the juvenile may have concealed contraband within his/her body cavities.

The documentation indicates that strip searches will be conducted in a private area, out of the view of operational cameras, other juveniles and staff, with as much privacy as security conditions permit. The room will not be locked.

The documentation indicates that SCDJJ will not conduct cross-gender frisk searches except in exigent circumstances which will be documented and justified. In the event of an exigent/emergency circumstance, the unit supervisor of the officer conducting the search will ensure that the form 312B, Cross Gender Search

Documentation, is fully completed for each search and forwarded to Facility Operations/Central Control for distribution to the following within 48 business hours of the event (s).

The auditor examined Form SCDJJ 312B for compliance. The form is required when a staff member of the opposite sex must search a juvenile due to urgent circumstances. It must be fully completed, signed by a supervisor, and submitted to the PREA Coordinator's office within five business days.
The facility documents all cross-gender strip searches and cross-gender visual body cavity searches. Cross-gender visual body cavity searches are conducted by medical and documented if occurred.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Throughout the facility tour, the auditor engaged in informal discussions with members of the security staff. During these conversations, staff confirmed that the facility does not house female residents. This information is relevant to the implementation of policies and procedures concerning cross-gender searches and supervision, as outlined in the facility documentation and related PREA standards. The absence of female residents impacts the context in which these policies are applied, and staff practices reflect this population composition.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.315 (d)

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

Review of Documents:

Pre-Audit Questionnaire: Policies and procedures require 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. facility reported yes.

	SCDJJ Policy 336 – Application of the PREA Standards section A.7 – all SCDJJ facilities develop and comply with a written and documented standard operating procedure which allows juveniles to shower, perform bodily functions, and change clothing without being completely viewed by other juveniles, non-medical staff, or staff of the opposite gender, except in limited and exigent circumstances, or in the line of one's official duties. SCDJJ Policy 336 – Application of the PREA Standards section A.8 – all SCDJJ facilities will ensure that all staff, volunteers, interns, visitors, and contractors are required by facility policy and procedures to announce their presence when entering a housing unit designated for youth of the opposite gender. Such requirements for announcements will be posted where immediately visible prior to entering the living area. SCDJJ Policy 513 – Supervision of Youth in Secure Residential Facilities, states that except in exigent/emergency circumstances, or when incidental to cell/room checks, a juvenile shall be allowed to shower, perform bodily functions, and change clothing without security staff, and all other non-medical staff, or the opposite gender being able to view a juvenile's breasts, buttocks or genitalia. This includes viewing/ monitoring via video camera. Staff shall have their presence announced/announce their presence when entering a housing unit/pod which contains juveniles of the opposite gender. **Resident Interview Questionnaire – Q: 4, 6 / Random Sample of Staff – Q: 15, 16** Twelve random staff were interviewed by the auditor's non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. Do you or other officers knock and announce your presence when entering a housing unit that houses residents of the opposite gender (from yourself)? All staff reported that those of the opposite gender announce themselves before entering a resident's room or unit, stating "Female on the Unit" as needed. Twelve random staff were interviewed by the auditor's non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. Are residents able to dress, shower, and toilet without being viewed by staff of the opposite gender? All staff interviewed indicated yes. Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. Do female staff announce their presence when entering your housing area or any area where you shower, change clothes, or perform bodily functions? Ten said yes, and six said no. The non-certified support staff stated that female staff must announce their presence when entering the unit. The auditor requested the PREA Compliance Manager remind female staff to do this loudly each time, and a reminder has been posted on the unit doors.

	Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. Are you and other residents ever naked in full view of female staff (not including medical staff such as doctors, nurses)? All residents said no. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the site review tour, the auditor observed all living units and all other areas where youth may be in the state of under dress, such as showering, using the toilet, and/or changing their clothes. The auditor observed privacy curtains in showers, and staff made announcements as this opposite-gender female entered all living units. Informal conversations with staff on living units confirmed that nonmedical staff of the opposite gender are required to alert youth as they enter any living areas where opposite-gender youth may be underdressing, such as intake, the living units, medical and recreation areas. The auditor observed electronic surveillance monitoring areas such as control rooms or other spaces where staff monitor live or recorded videos. There was no angle that would violate the resident's privacy. Video monitoring technology does allow staff to zoom in bathrooms or showers. Residents are to change clothes in their rooms, using the toilet, and showering without staff of the opposite gender being able to view. The facility staff announce the presence when entering the living units of residents. There are posters on the housing entry door remaindering staff to announce their presence. The auditor conducted observations of the medical area, intake, shower areas, transport holding, and recreation areas. During the housing unit site review, the auditor observed spaces from multiple perspectives and vantage points while walking through the living unit. The auditor did not see vantage points where the opposite gender could view residents changing clothes or in a state of undress. The auditor visited the main control room and reviewed the monitors for the housing units. Informal conversation with the control room officer reported that the control room is staff 24/7 and indirect supervision is a part of the shift change. The control room staff indicates that the video monitoring technology allows for point zoom. The auditor asks the control room officer to zoom in on a dorm common area and zoom in on the shower. Technology would not allow the officer to zoom in in the common shower areas, and it cannot zoom inside of the residents' rooms. The auditor observed that staff of the opposite gender announced themselves when entering the housing units. The auditor had informal conversations regarding whether staff of the opposite gender announced themselves most of the residents indicated yes or sometimes.

	During the site review, the auditor examined the placement and angles of electronic surveillance cameras in the main control room. The auditor confirmed that the camera monitors do display residents in a state of undress and can capture images of residents using showers or toilets. To further ensure privacy, the auditor requested the control room operator to zoom in on randomly selected living units, specifically targeting shower and toilet areas. It was verified that the camera monitors are able to zoom in showers and toilets, maintaining residents' privacy at all times. (See corrective Actions). During the site review, the auditor observed the presence of lock boxes situated in accessible locations for residents. These lock boxes are intended for the confidential submission of grievances and PREA-related concerns. In addition to the grievance boxes, a mailbox was also available for resident use. The strategic placement of these boxes ensures that residents have the means to report issues or file grievances securely and privately. **Corrective Action: Required** Toilets and Showers During the random resident interviews, over half of residents indicated that all female staff do not announce their presence when entering the resident housing area. They may be in the shower, perform bodily functions or change clothes. During the facility tour, the auditor noticed that there were no curtains up at the shower doors. Female staff can look directly into the showers while resident is naked/showering. There are three showers and only one shower curtain in the corner of the room. There were no curtains to the youth toilets that prevent female staff from viewing residents performing bodily functions. During the facility tour of the Intake area, the auditor requested to observe the main control room monitors. The auditor asked female staff to zoom in on the shower and bathroom areas. Staff can directly see into the showers and one toilet. **Corrective Action (s):** To address the identified concern regarding female staff not consistently announcing their presence when entering male resident housing units, corrective action measures were implemented. In addition to maintaining signage outside each housing unit reminding staff to announce the entry of opposite-gender staff, this expectation was reinforced during shift briefings with all staff. Staff were re-educated on PREA requirements related to opposite-gender announcements, and supervisory staff emphasized the importance of consistent compliance. These reminders were provided to increase staff awareness, reinforce expectations, and improve adherence to the announcement requirement. Facility leadership will continue to monitor compliance through routine supervision and staff accountability measures to ensure ongoing adherence to PREA standards.

To address the PREA audit finding regarding the ability of female staff to view male residents performing bodily functions and the visibility of residents in shower areas through camera monitoring, the facility implemented corrective measures to ensure privacy protections are maintained in accordance with PREA standards.

PREA privacy curtains were installed on all affected restroom and shower stalls to prevent female staff from viewing male residents while they are using the toilet, showering, or changing clothes. The placement of the curtains was reviewed to ensure residents have appropriate privacy from both direct observation within the housing units and indirect observation through camera monitors.

Additionally, each pod control room was supplied with replacement privacy curtains to allow for immediate replacement in the event curtains become damaged, removed, or worn through normal use. This measure ensures privacy safeguards remain continuously in place without interruption.

These corrective actions have enhanced resident privacy and reduced the potential for cross-gender viewing of residents performing bodily functions, while still allowing staff to maintain appropriate supervision and facility security. Facility leadership will continue to monitor compliance through routine inspections and supervisory oversight to ensure these privacy measures remain effective and consistently maintained. (See attached photos).

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.315 (e) non-applicable

115.315 (f)

The agency shall train security staff in how to conduct cross-gender pat down searches, and searches of residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Review of Documents:

SCDJJ Policy 336 – Application of the PREA Standards section A.10 – The Staff Development and Training Office ensure all security staff are trained in how to conduct cross-gender pat-down/frisk searches, and searches of transgender and intersex juveniles in a respectful manner, and consistent with security needs.

The auditor also examined the Office of Professional Standards, Staff Development and Training, Training Lesson Plan, Contraband Control and Search Procedures, page 34.

The auditor reviews the Facility PREA Training (SAP Success Factors System) SCDJJ:

	SCEIS Employee Training Transcript * Note – SCDJJ uses contact hours. The Training Transcripts documented that E-learning employees completed the required “Annual PREA Standards Refresher” and used this as their signature or electronic proof of completion. The auditor examined 84 SCEIS Employee Training Transcript for the required information. **Random Sample of Staff – Q: 2** Twelve random staff were interviewed by the auditor’s non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. Have you received training on how to conduct cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs? Eight Security staff indicated yes during their annual training, and four at the academy. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the onsite audit, the auditor randomly sampled staff and had informal conversations with staff that received training on conducting cross-gender pat-down searches respectfully while considering security needs. The same staff confirmed that the facility/agency trains security staff in how to conduct cross-gender pat down searches professionally and respectfully and in the least intrusive manner possible, consistent with security needs, and trains security staff in how to conduct searches of transgender and intersex residents professionally and respectfully, and in the least intrusive manner possible, consistent with security needs. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence Relied Upon in Making Compliance Determinations:

- Pre-Audit Questionnaire
- SCDJJ Policy 336 – Application of the PREA Standards
- SCDJJ Policy 905 – Youth with Disabilities
- Language Line Interpretative Services
- PREA videos
- Resident Target List
- Resident Data Sheet
- Site Review
- Agency Head/Designee
- Residents (with disabilities or who are limited English proficient)
- Random Sample Staff

Reasoning and Analysis (By Provisions)

115.316 (a)

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

Review of Documents:

Pre-Audit Questionnaire: The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, facility reported yes.

SCDJJ Policy 336 – Application of the PREA Standards section A.11 states, consistent with SCDJJ Policy 905, Youth with Disabilities, SCDJJ will make available an Americans

with Disabilities Act (ADA) Coordinator who shall take appropriate steps to ensure youth with disabilities and those who are Limited English proficient, have an equal opportunity to participate in or benefit from all aspects of the agency's PREA efforts.

SCDJJ Policy 905 – Youth with Disabilities – SCDJJ make available an Americans with Disabilities ACT (ADA) Coordinator who shall take appropriate steps to ensure juveniles with disabilities and those who are limited English proficient, have an equal opportunity to participate in or benefit from all aspects of the agency's PREA efforts.

SCDJJ policy 905 – Youth with Disabilities section C. The Administrator of Special Educational Services will coordinate the Department's provision of services to juveniles with disabilities under Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Act (IDEA) to ensure that juveniles in the care of DJJ receive a free appropriate public education (FAPE).

During the Pre-Audit Phase, the auditor requests a target list that includes all residents with disabilities within the past 12 months. The results were:

Residents with Disabilities:

- Residents with Physical Disabilities (Wheelchairs) – 0
- Residents with Low Intellectual Disabilities – 1
- Residents Blind or Low Vision – 0
- Residents Deaf of Hard of Hearing – 0

Target Residents:

- Residents Limited English Proficient (LEP) – 0
- Residents Reported Sexual Abuse – 10
- Residents Disclosed Prior Sexual Victimization/Risk Screening – 0
- Resident in Segregated Housing/Isolation – 18

The DJJ County Office staff attempt to identify juveniles with a disability during intake interview process through self-report, medical history information, and the Juvenile Disability Information (Form 905A) completed by the juvenile's parent/ guardian. They notify the Evaluation Center staff of a juvenile being committed with a disability.

After reviewing PREA videos and informal conversations with staff and residents, the auditor confirmed that the agency takes appropriate steps to ensure that the residents with disabilities have an equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment. The agency provided the following evidence:

- Deaf or hard of hearing: PREA video Juvenile Intake English (Sign Language and Captioned)
- Blind or have low vision – Facility can access the Quality of Sound on the Videos, or read to the juvenile)
- Speech Disabilities (LEP) – PREA video Juvenile Intake Spanish (Captioned) and

	Language Line Interpretative Services • Copy of the interpreter's contract (Language line). **Agency Head/Designee – Q:11/Residents (with disabilities or who are limited English proficient) – Q: 1, 2, 3.** Agency Head Designee/Chief of Staff: Has the agency established procedures to provide residents with disabilities and residents who are limited English proficient 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? Yes. Youth with disabilities or not proficient in English are afforded the opportunity to be informed of all efforts to prevent, detect, and respond to sexual abuse. During intake, this is explained as part of the youth's rights and responsibilities. Per agency policy #321, information will be provided in formats that best meet the needs of the youth this includes hearing deficiencies, visual impairment or other disabilities, to include reading and comprehension skills. The agency can obtain consultant services to assist with translation (written) and interpretation (spoken) services when needed. Disabled/Limited English Proficient Residents: Does the facility provided information about sexual abuse and sexual harassment that you are able to understand? There were no residents in this category to interview. Disabled/Limited English Proficient Residents: How did they give information to you? There were no residents in this category to interview. Disabled/Limited English Proficient Residents: Does the facility provide someone to help you read, write, speak, or to explain things to you if you need help? There were no residents in this category to interview. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the site review the audit the language line process. Quick Reference Guide: Global Interpreting Network Instructions to Reach an Interpreter. During the onsite audit, the auditor uses the requested target list to located disabilities residents. Informal conversations with intake staff indicated that staff provided PREA-related education in a way they could understand. Additionally, they mentioned that the youth orientation at the facility included PREA video (available in Spanish and English), a face-to-face intake in a private setting, and the intake staff reading important information to all youth. Staff also confirmed that the PREA education is presented for all residents with disabilities. The auditor conducted a thorough review of all PREA videos. The videos were created to include the following versions: Resident Intake English (with Sign Language and Captions); Adult Intake English (Captioned); Resident Intake Spanish (Captioned); Comprehensive Education English (with Sign Language and Captions); Comprehensive Education English (Captioned); and Comprehensive Education

	Spanish (Captioned). Informal conversation with residents indicated while most youth were not on grade level, most confirmed that the PREA related information, information regarding how to obtain emotional services, and methods to initiate a third-party report of an event of sexual abuse or sexual harassment determined that the language was understandable and, on an age-appropriate reading level. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.316 (b)** The agency shall take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. **Review of Documents:** Pre-Audit Questionnaire: The agency has established procedures and provide residents with limited English proficiency 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, facility reported yes. SCDJJ Policy 336 – Application of the PREA Standards section A.12, SCDJJ Policy does not rely on youth interpreters, youth readers, or any other type of youth assistants in obtaining information regarding investigations that may compromise the safety of the youth. The auditor confirmed that SCDJJ has a contract with an interpretive language service (Global Interpreting Network, Inc.). Global provides phone and video interpretation. During an internet search, the auditor determined the interpretive service is available 24/7 in over 300 languages with 17,000 linguists. The service provides effective communication with residents who have disabilities. Further, SCDJJ also employs the services of Masterword (VN#7000197***) and Voidance Language Service (VN# 70resident's for sign language for medical communication with youth. PREA Spanish posters are in the housing units so that resident who were LEP and Spanish speaking would have information available in their own language. The agency provided a copy for the "language line" contract that provides translation services when needed.

	Residents (with disabilities or who are limited English proficient) – Q: 1, 2, 3 Disabled/Limited English Proficient Residents: Does the facility provided information about sexual abuse and sexual harassment that you are able to understand? There were no residents in this category to interview. Disabled/Limited English Proficient Residents: How did they give information to you? There were no residents in this category to interview. Disabled/Limited English Proficient Residents: Does the facility provide someone to help you read, write, speak, or to explain things to you if you need help? There were no residents in this category to interview. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Review the site review in provision (a). **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, juveniles, and a review of relevant policies confirmed that the facility is complying with the provisions of this standard. **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 is 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. **Review of Documents:** Pre-Audit Questionnaire: In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.364, or the investigation of the resident's allegations, facility reported 0. SCDJJ Policy 336 – Application of the PREA Standards section A.12, SCDJJ Policy does not rely on youth interpreters, youth readers, or any other type of youth assistants in obtaining information regarding investigations that may compromise the safety of the youth. The auditor reviews these documents for LEP compliance: Telephone Translation Instructions, Language-line Services Contract (SCDA), and Quick Reference Guide (Global Interpreting Network).

	During the documentation review process the auditor did not review any documentation of circumstances when resident interpreters, readers, or other resident assistants were used during this reporting period. **Random Sample of Staff – Q: 9 / Residents (with disabilities or who are limited English proficient) – Q: 1, 2, 3** Twelve random staff were interviewed by the auditor's non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. When a resident alleges sexual abuse or sexual harassment, are you aware that the agency prohibits the use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances? Staff indicated no they would not use another resident. To the best of your knowledge, have resident interpreters, resident readers, or other types of residents been used? No, the agency uses the language line. Disabled/Limited English Proficient Residents: Does the facility provided information about sexual abuse and sexual harassment that you are able to understand? There were no residents in this category to interview. Disabled/Limited English Proficient Residents: How did they give information to you? There were no residents in this category to interview. Disabled/Limited English Proficient Residents: Does the facility provide someone to help you read, write, speak, or to explain things to you if you need help? There were no residents in this category to interview. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversation with staff during the site visit regarding the agency does not rely on resident interpreters, staff indicated that they would not use resident to interpreter PREA issues for another resident unless it is a life-or-death issue. They would go to another staff or use the language line. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336 – Application of the PREA Standards • SCDJJ Policy 230 Employee Recruitment and Selection • Employment Applications • New Hired List • Promotion List • Administrative (Human Resources) Staff **Reasoning and Analysis (By Provisions)** **115.317 (a)** The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who: • Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C 1997) • Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or inf the victim did not consent or was unable to consent or refuse; or • Has been civilly or administratively adjudicated to having engaged in the activity described in paragraph 2 of this section. **Review of Documents:** Pre-Audit Questionnaire: The agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents. Facility reported yes. SCDJJ Policy 336 – Application of the PREA Standards section A.13, consistent with SCDJJ Policy 230 Employee Recruitment and Selection – SCDJJ will conduct criminal background records checks before hiring or promoting any new hires or employees and will not hire or promote anyone who has engaged in sexual abuse of any kind. Individuals who have been accused of sexual harassment will be considered on a case by cases basis. A review of 10 Employment Applications of different staff position under section Job specific Supplemental Questions indicated “I understand that SCDJJ will not hire or promote anyone who may have contact with residents and shall not enlist the services of any contractor who may have contact with residents who 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); Has been convicted of engaging in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above.” **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the site tour, the auditor engaged in informal discussions with staff members regarding background checks. These discussions revealed that the staff had indeed undergone background checks. This was confirmed by reviewing the background checks dates on the spreadsheet, which confirmed that staff were neither hired nor promoted if they had criminal backgrounds. Corrective Action: Not Required **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, juveniles, and a review of relevant policies confirmed that the facility is complying with the provisions of this standard. **115.317 (b)** The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents. **Review of Documents:** Pre-Audit Questionnaire Indicated: Agency policy requires the consideration of 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, facility reported yes. The auditor reviewed a list of staff hired or promoted in the last 12 months to ensure that appropriate criminal record background checks have been carried out. The list included 168 staff members. **Administrative (Human Resources) Staff – Q:2** Administrative HR Staff: Does the facility consider prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes. The agency performs a DSS Registry Check as part of the pre-employment for new hires and those who are considered for promotion. An internal check is also completed all current employees considered for promotion to capture all founded infractions. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR**

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.317 (c)

Before hiring new employees, who may have contact with residents, the agency shall:

- Perform a criminal background records check; and
- Consult any child abuse registry maintained by the State or locality in which the employee would work.
- Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

Review of Documents:

Pre-Audit Questionnaire: In the past 12 months, the number of people hired who may have contact with residents who have had criminal background record checks, facility reported 0.

SCDJJ Policy 230 Employee Recruitment and Selection Section F: The interviewer will request the candidate to complete the Department of Social Services Consent to Release Information/Results of Search for the Child Abuse and Neglect Central registry (DSS Form 3072).
SCDJJ Policy 230 Employee Recruitment and Selection Section H: The OHR's HR Services will assist the selecting official with the applications and will request criminal background and driver's license checks from SCDJJ Public Safety for candidates being considered for hire.

SCDJJ Policy 230 Employee Recruitment and Selection Section E: Hiring Packet, the hiring packet will include the following:

- A Patterned Interview Form (Form 230F)
- A Reference Inquiry Form (Form 230)
- Criminal Background Checks (Form 230C)
- SCDSS Consent to Release Information (DSS Form 3072)

A review of documents indicated that the Criminal History, Child Abuse and Neglect Registry, and Driver's License Checks and Drug Testing. The OHR ensure that criminal history, child abuse and neglect registry, driver's license checks are conducted for each prospective new hire. The child abuse and neglect register check must be completed and approved. If these checks have not been completed

	within the employees' first two (2) weeks of employment, the Division of Investigative Services will follow up with the Department of Social Services each week until a response is provided. The auditor reviewed a list of staff hired or promoted in the last 12 months to ensure that appropriate criminal record background checks have been carried out. The list included 6 staff members. **Administrative (Human Resources) Staff – Q:1, 3** Administrative HR Staff: Does the facility perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are considered for promotions? Do you do this for any contractors who may have contact with residents as well? Yes, the agency performs criminal background checks and the child abuse registry checks. The agency does not hire individual who have committed a crime moral turpitude as prescribed by SC State Law. A background check and the check abuse registry checks are run on employees who are being considered for promotion. Office of Human Resources does not process the background checks or child abuse registry checks for contractors. These are completed and maintained by the division and offices that use contract services. Administrative HR Staff: What system does the agency/facility presently have in place to conduct criminal background checks of current employees and contractors who may have contact with residents? Are these background checks conducted at least every five years? OHR submits an annual request to conduct a background check on current employees to Investigative Services. Investigative Services uses the National Crime Information Center (NCIC) to perform these checks. The Training Office conduct recertification criminal background checks for POST Training Officer within the required 5-year period. OHR does not process background checks for contractors. These are completed and maintained by the division and offices that use contract services. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversation with staff reported that the system the facility presently has in place to conduct criminal record background checks of current employees and contractors who may have contact with residents to include every five years are through NCIC system. During the facility tour the auditor had informal conversations with staff regarding background checks. All staff indicated that they completed a background check. Some of the staff were confirmed by NCIC background checks spread sheet. **Corrective Action: Not Required**

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.317 (d)

The agency shall also perform a criminal background records check, and consult applicable child abuse registries, before enlist the services of any contractor who may have contact with residents.

Review of Documents:

Pre-Audit Questionnaire: In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents, facility did not report.

SCDJJ Policy 230 Employee Recruitment and Selection Section L: Selection of Employee Under One Organizational Level Promotion Process – In lieu of he is screening and interview process, the selecting official may select an internal applicant under the one organizational level promotion process. The OHR will ensure that criminal history, child abuse and neglect registry, driver's license checks, and drug testing are conducted for each prospective hire.

Criminal History, Child Abuse and Neglect Registry, and Driver's License Checks and Drug Testing, subsection 1a (effective 7/17/2023 page 11 indicates that OHR will ensure that criminal history, child abuse and neglect registry, driver's license checks, and drug testing are conducted for each prospective new hire. The criminal history, child abuse, and neglect registry check, and driver's license checks must be undertaken and documented before an offer of employment to an applicant. The drug testing must be conducted within 48 hours of the candidate's notification to report for drug testing.

The auditor reviewed a list of staff hired or promoted in the last 12 months to ensure that appropriate criminal record background checks have been carried out. The list included 168 staff members.

Administrative (Human Resources) Staff – Q: 1

Administrative HR Staff: Does the facility perform criminal record background checks or consider pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are considered for promotions? Do you do this for any contractors who may have contact with residents as well? Yes, the agency performs criminal background checks and the child abuse registry checks. The agency does not hire individual who have committed a crime moral turpitude as prescribed by SC State Law. A background check and the check abuse registry checks are run on employees who are being considered for promotion.

	Office of Human Resources does not process the background checks or child abuse registry checks for contractors. These are completed and maintained by the division and offices that use contract services. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversations with contract staff indicated that they were required to complete a background check prior to residents receiving services from contractors and volunteers and confirmed by staff. Additionally, best efforts are made to contact all prior facility employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.317 (e)** The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees. **Review of Documents:** Pre-Audit Questionnaire: Agency policy requires that criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees, facility reported yes. SCDJJ Policy 336 – Application of the PREA Standards section A.13, consistent with SCDJJ Policy 230 Employee Recruitment and Selection – SCDJJ will conduct criminal background records checks before hiring or promoting any new hires or employees and will not hire or promote anyone who has engaged in sexual abuse of any kind. Individuals who have been accused of sexual harassment will be considered on a case by cases basis. SCDJJ conduct criminal background records checks at least every five years for current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees. Posted certified Officers complete a criminal background check during their recertification process. The process is within 5-year process.

	Administrative (Human Resources) Staff – Q:4 Administrative HR Staff: Does the facility ask all applicants and employees who may have contact with residents about previous misconduct described in section (a) in written applications for hiring or promotions, and in an interview or written evaluations conducted as part of reviews of current employees? Yes, HR asked questions listed on the state application under the supplemental questions section: HR will provide a written report confidentially to the Office of Human Resources Director, and a copy of the report to Executive Manager (Chief of Staff, Deputy Director, Associate Deputy Director, Inspector General of all arrests, convictions, Child Abuse and Neglect Registry, and loss of SC Driver's License within 72 hours of their occurrence. Minor traffic viola tons need not be reported. Convictions such as driving under the influence of alcohol or drugs are serious violations and therefore must be reported. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** An informal conversation with the PREA Coordinator revealed that security positions are not subject to five-year background checks because these checks are conducted within 5-years during each security employee's recertification cycle through the Division of Training and Staff Development. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.317 (f)** The agency shall ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. **Review of Documents:** According to policy, all applicants are asked about any prior misconduct involving any sexual activity. In addition, the facility will not hire or promote anyone who has been civilly or administratively adjudicated to having been convicted of engaging in or attempting to engage in sexual activity by any means. **Administrative (Human Resources) Staff – Q:5, 6**

	Administrative HR Staff: Does the facility impose upon employees a continuing affirmative duty to disclose any such previous misconduct? Current employees are required to report arrest, convictions, child abuse registry, and loss of driver's license within 72 hours. Material omissions regarding such misconduct, or the provision of false informational material is grounds for termination as stated in the Employee Progressive Discipline. Administrative HR Staff: When a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law? Yes, the agency conducts PREA Check, unless prohibited by court order or consent agreement. Employers in SC currently have certain immunity from releasing information on prospective employees; however – if the requesting institutional employer has already hired, he individual, DJJ would have to consider what information may be released and what liability it could by incurred. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversations with the PREA Coordinator and the Facility HR staff confirmed that the agency staff is required to report affirmative duty to disclose misconduct. Agency staff are required to report arrests and Restraining Orders to HR within 24 hours of being arrested or served with a restraining order. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.317 (g)** Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. **Review of Documents:** Pre-Audit Questionnaire: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination, facility reported yes. SCDJJ Policy 230, Employee Recruitment and Selection, Section 2, SCDJJ Eligibility Requirements/SC Criminal Justice Academy Requirements, Subsection C%, page 14, indicates that evidence satisfactory to the director that the candidate has signed an attestation form committing to the practice of ethical policing which means the discharge of responsibilities, stemming from employment as a law enforcement

officer, which is devoid of misconduct and which is carried out in conformance with this chapter, including the duty to safeguard life and the duty to intervene.

SCDJJ confirmed that the agency has a policy that covers material omissions regarding misconduct, or the provision of materially false information will be grounds for termination. The auditor requested a list of staff and contractors that were terminated due to material omissions or false information sharing. There were none that fit this category.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour, informal conversations with staff revealed that they are aware that omissions or falsifying information on incident or voluntary statements may result in disciplinary action or termination.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.317 (h)

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

Review of Documents:

Pre-Audit Questionnaire: Unless prohibited by law, does the agency provide information on substantiated allegations or 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? facility did not report.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

	Overall Findings: The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336 – Application of the PREA Standards • SCDJJ Policy 314 Camera Surveillance System • Updates to SCDJJ Facility Names • Agency Head/Designee • Facility Administrator **Reasoning and Analysis (By Provisions)** **115.318 (a)** When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. **Review of Documents:** Pre-Audit Questionnaire: The agency or facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever later was, facility reported yes. SCDJJ Policy 336 – Application of the PREA Standards section A.14 – When determining additions or considering new construction, SCDJJ consider the effects of the design or modification upon the facility's ability to monitor and protect the juveniles from sexual abuse. The auditor conducted internet research to confirm whether the agency has acquired any new facility and in planning any substantial expansion or medication of existing facilities. The auditor reviews a memo from the Agency Head dated June 5, 2025, Updates to SCDJJ Facility Names. The following are some updates:

	• The renovations to the Midlands Evaluation Center (MEC) are completed. To better serve detention youth, SCDJJ will operate the two secure buildings on Shivers Road as one facility: the Juvenile Detention Complex, which will be composed of JDC Main and JDC Annex (formerly MEC). This consolidation gives detained youth access to more space for medical care, education, programming, recreation, and clinical services – within secure, upgraded living areas. The plan is to further enhance security by connecting the Main and Annex buildings to allow for safer movement between buildings. The agency also plans to construct a new gatehouse and sally port. • The Upstate Evaluation Center will now be called the Upstate Evaluation and Development Center, serving male youth form the Upstate, Low-County and Pee-Dee regions for secure evaluations and males with short-term commitments (180 days or less). • The Coastal Evaluation Center is now the Coastal Evaluation and Development Center, continuing to serve female youth statewide for both evaluation and commitment. • The Broad River Road Complex will now be known as the Midlands Evaluation and Development Center, housing male youth with long-term commitments (longer than 180 days) as well as those undergoing secure evaluation from the Midlands, Low-Country, and Pee-Dee regions. The agency affirms that all updates, designs, expansions, and modifications are implemented with careful consideration of their impact on youth safety, health, and sexual well-being. **Agency Head/Designee – Q: 1 / Facility Administrator – Q: 6** Agency Head Designee/Chief of Staff: When designing, acquiring, or planning substantial modifications to facilities, how does the agency consider the effects of such changes on its ability to protect residents from sexual abuse? When there are any upgrades or modifications made to the facilities, safety and security are immediately considered. Facility changes not only include those from facility maintenance or Physical Plant Management, but active involvement from the security and operations team. Specifically, relating to PREA, the agency ensures that there are no blind spots (areas that don't have adequate surveillance coverage) created, and also that additional cameras may be needed to support the design changes. Changes may also be needed when determining where staff are posted to add for additional staff observations. The agency PREA coordinator is involved to ensure that all PREA requirements are considered and understood. Facility Administrator: How has the facility considered the effect of any expansion or modification upon the facility's ability to protect residents from sexual abuse? Any substantial changes to the facility are reviewed through a safety and security lens. Management assesses how modifications impact visibility, supervision, and resident movement. Additional cameras or staff may be added to newly constructed or renovated areas to ensure continued protection.

	Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.318 (b)** When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. **Review of Documents:** Pre-Audit Questionnaire: The agency or facility has 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, facility reported yes. SCDJJ Policy 314 Camera Surveillance System, the SCDJJ will use surveillance equipment to enhance the safety and security of the juveniles and staff by providing a visual account of activities within SCDJJ facilities. Staff will protect surveillance equipment from being tampered with and maintain surveillance equipment in proper operational condition. SCDJJ Policy 314 Camera Surveillance System Section C.1: The control room officer monitoring on-site cameras will immediately report camera equipment deficiencies and/or malfunctions to the on-duty Shift Supervisor. The Shift Supervisor is responsible for checking the DVRs at the beginning of each shift to ensure that they are operational. The auditor conducted internet research to confirm whether the agency has acquired any new facility and in planning any substantial expansion or medication of existing facilities. The auditor reviews a memo from the Agency Head dated June 5, 2025, Updates to SCDJJ Facility Names and some building structures. The agency affirms that all updates, designs, expansions, and modifications to include camera surveillance systems are implemented with careful consideration of their impact on youth safety, health, and sexual well-being. **Agency Head/Designee – Q: 2 / Facility Administrator – Q:7** Agency Head Designee/Chief of Staff: How does the agency use monitoring technology (either newly installed or updated) to enhance the protection of

residents from incidents of sexual abuse? A few years ago, the agency invested in a major camera surveillance system upgrade. The agency currently uses one of the most current camera surveillance systems (Avigilon), with hundreds of cameras strategically placed throughout the interior and exterior to evidence of incidents, potentially deterring abuse, and aiding investigations. Both PREA and security team routinely check facilities to determine if any blind spots have been identified, or areas of concern. Any area identified as potential risk are immediately addressed. This may mean additional camera installed. The agency wants to ensure that our youth are protected from both sexual abuse and physical abuse.

Facility Administrator: When installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, how has the facility considered using such technology to enhance resident's protection from sexual abuse? Management evaluates camera placement and surveillance upgrade during planning phase. Technology is used to cover blind spots, monitor high-risk areas, and support staff supervision. All updates are aligned with PREA standards.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Through direct observation and rigorous site reviews, the auditor verified that cameras are operational throughout the facility and that staff consistently follow protocols for reporting and addressing any equipment deficiencies. Informal conversations with both staff and residents revealed a clear understanding of procedures surrounding surveillance technology, emphasizing its role not only in documenting incidents but also in fostering an environment of safety and accountability. Real-time monitoring, combined with proactive identification and remediation of blind spots, demonstrates the agency's commitment to evolving its practices in line with youth protection standards. The integration of these measures, supported by policy and regular audits, creates a robust framework for preventing, detecting, and responding to incidents, aligning operational realities with the agency's stated priority of resident safety.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336 – Application of the PREA Standards • SCDJJ Policy 328 Investigations • SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth • Protocol for Alleged Sexual Assault Involving Penetration • SC Department of Children's Advocacy Website • Letter of Agreement with South Carolina Law Enforcement Division (SLED) • Emergency Medical Treatment and Labor Act "Survey of Hospital Emergency Department (January 2001 OEI-09-00220) • MOU Outside Emotional Support Services Flyer • Random Sample Staff • PREA Compliance Manager • Residents who Reported Sexual Abuse • SAFEs/SANEs Staff **Reasoning and Analysis (By Provisions)** **115.321 (a)** To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. **Review of Documents:** Pre-Audit Questionnaire: The agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-residents sexual abuse or staff sexual misconduct, facility reported yes. SCDJJ Policy 336 – Application of the PREA Standards section B.1 SCDJJ's Division of Investigative Services is responsible for investigating all allegations of sexual abuse, consistent with SCDJJ Policy 328, Investigations. Evidence collection efforts will be collaborative with the local hospital of agreement and the South Carolina Law Enforcement Division, depending on the severity of the event, who is involved (youth or staff), and availability of evidence. SCDJJ Policy 328 Investigations, Section D. Investigation Assignment, Subsection 10, page 6 indicates that allegations of institutional abuse and neglect that are alleged to have occurred in one of the five (5) secure SCDJJ facilities will be reported to the South Carolina Law Enforcement Division (SLED) pursuant to S.C Code Section 63-7-1220 and SCDJJ/SLED MOU.

	The auditor confirmed by reviewing that SCDJJ has a uniform evidence protocol termed SCDJJ Form 321B, Protocol for Alleged Sexual Assault involving penetration (effective 3/2022), to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. A review of the uniform evidence protocol for evidence SCDJJ Form 321B, Protocol for Alleged Sexual Assault involving penetration) confirms that there is sufficient technical detail to aid responders in obtaining usable physical evidence. **Random Sample of Staff – Q: 10, 12** Twelve random staff were interviewed by the auditor's non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. Do you know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse? Staff indicated they secure the crime scene, separate victims from abusers, no washing of hand or face, no drinking water, no brushing of teeth and using the bathroom, and send them too medical. Twelve random staff were interviewed by the auditor's non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. Do you know who is responsible for conducting sexual abuse investigations? Most of the interview staff said "Don't Know, the non-certified support staff explain that the facility PREA Compliance Manager initiate the investigation (Events Report), and the Public Safety Investigation Officer completed the investigations. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.321 (b)** The protocol shall be developmentally appropriate for youth where applicable, and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. **Review of Documents:** Pre-Audit Questionnaire: The protocol is developmentally appropriate for youth,

	facility reported yes. SCDJJ Policy 336 – Application of the PREA Standards section B.2, SCDJJ's Division of Investigative Services will ensure that a uniform evidence protocol that is developmentally appropriate for youth, is documented and used based on the most current law enforcement practices. The auditor reviewed the "A National Protocol for Sexual Assault Medical Forensic Examinations Adults/Adolescents Third Edition, September 2024. The manual information was compared to the agency process of investigating sexual abuse allegations. The manual included but not limited to: Overarching Issues: Coordinated Team Approach; Patient-Centered, Trauma-Informed Care, Informed Consent, Confidentiality, Reporting to Law Enforcement, Payments for the Examination Under VAWA; Operational Issues: Sexual Assault Medical Forensic Examiners; Facilities; Equipment and Supplies; Sexual Assault Evidence Collection Kit; Timing Considerations for Collecting Evidence; Evidence Integrity; and The Examination Process: Initial Contact; Triage and Intake; Medical Forensic Documentation; The Medical Forensic History; Photography; Examination and Sample Collection Procedures; Alcohol and Drug-Facilitated Sexual Assault; STI Evaluation and Care; Pregnancy Risk Evaluation and Care; Discharge and Follow-Up; and Examiner Court Appearances. A review of the investigation cases confirmed the investigations use the required protocol to conduct administrative and criminal investigations for all allegations of sexual abuse and harassment. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.321 (c)** The agency shall offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. **Review of Documents:**

	Pre-Audit Questionnaire: The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility, facility reported yes. Pre-Audit Questionnaire: The number of forensic medical exams conducted during the past 12 months, facility reported 0. The number of exams performed by SANEs/SAFEs during the past 12 months, facility reported 0. The number of exams performed by a qualified medical practitioner during the past 12 months, facility did not report. SCDJJ Policy 336 – Application of the PREA Standards section B.3, any youth who alleges sexual assault will be given medical assistance consistent with SCDJJ Policy 321, Prevention of Sexual Offenses toward youth. The auditor reviews the “Protocol for Alleged Sexual Assault Involving Penetration” procedures section 3 stated, A SCDJJ medical professional (registered nurse, nurse practitioner, or physician) will assess the youth and provide treatment for any injuries or conditions requiring immediate care. Following assessment, the medical professional will assess the situation and determine whether transport to the hospital emergency department is required. All youth that are alleged victims of sexual assault involving penetration will be transported to a local hospital for a forensic examination, unless the reporting timeframe has been exceeded the 72 hours. The agency also has a Protocol for Alleged Sexual Assault Involving Penetration. This written plan includes the following instructions: • The first responder will ensure the safety of the alleged victim by separating them from their alleged perpetrator and secure the location of the alleged assault to preserve evidence. • The supervisor will ensure the alleged victim is seen by a medical professional and all pertinent individuals are notified immediately. • A SCDJJ medical professional (registered nurse, nurse practitioner, or physician) will assess the youth and provide treatment of any injuries or conditions requiring immediate care. • If determined that the youth will be seen at a local hospital, the youth will be transported by EMS or By SCDJJ personnel and will be transported in accordance with policy 319, Transported Youth. • When arriving at the hospital, SCDJJ security personnel will ensure that the youth remain in sight and/or sound supervision. • The clinician of record of the on-call clinician will go to the hospital with the youth and remain with the youth until properly relieved or the youth is released. • The clinician of record or the on-call clinician will ensure that the appropriate third-party advocate is contacted and informed that there is a youth being seen for an alleged sexual assault.

	• The clinician of record or the on-call clinician will ensure that the youth parents, SCDJJ county office representative, Classification Coordinator, and/or any other individuals responsible for the care, custody, or guardianship of the youth are notified of the allegation and the youth's current status. • When the examination begins, all accounts of the incident will be given by the youth without any assistance from a SCDJJ employee or representative. • Youth 14 years of age and older are authorized to sign any documentation needed for a physical forensic examination. Youth under the age of 14 will require a signature from an authorized SCDJJ employee. • Youth may be given any combination of examinations which may include Evidence Collection, Forensic Exams, Pregnancy Tests, Sexually Transmitted Infections Test, and Physical Exams. These tests may or may not include photographs. All evidence and/or test (s) results will be given to a medical practitioner or law enforcement agent at a specific time specified by the hospital. • Upon return from the hospital, prior to returning to their housing unit, the youth will be seen at the SCDJJ infirmary. • Prior to returning the youth to the housing unit, the facility supervisor will ensure that the alleged victim and alleged perpetrator will not have any contact. • With 72 hours (3 calendar days) of the alleged assault, the Facility Administrator will complete the initial Safety Plan for Alleged Sexual Assault and Sexual Harassment (SP) from with the Sexual Assault Response Team (SART). • Within 30 calendar days of the implementation of the initial SP, the Facility Administrator will reconvene with the SART to review the initial SP and make any necessary updates. • Monitoring of the alleged victim, witnesses, and those who cooperated with the investigation for retaliation will be initiated 90 days from the date of the allegation. **SAFEs/SANEs Staff – Q: 1, 2** No SAFEs or SANEs were available for interviews during the site visit. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the facility tour of the Medical Department, the auditor had an informal conversation with the medical staff. The medical staff confirmed that forensic examinations are conducted at the local hospital, not the facility. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.321 (d)**

	The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocates services, the agency shall make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g (b) (2) (c), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. **Review of Documents:** Pre-Audit Questionnaire: The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means, facility reported yes. SCDJJ Policy 336 – Application of the PREA Standards section B.4, in the event of an assault, the SCDJJ Mental Health Practitioners will ensure that the victim (s) are offered the services of an outside agency victim advocate consistent with SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth. Documentation review confirmed that SCDJJ ensures that the victims are offered the services of an outside agency victim advocate consistent with the community level of care, including follow-up after a forensic examination and development of a safety plan and treatment plan. Documentation review also confirmed that SCDJJ clinician of record or the on-call clinician will ensure that the appropriate third-party advocate is contacted and informed that there is a youth being seen for an alleged sexual assault: • Upstate Evaluation Center will call Safe Passage Child Advocacy Center – 803-329-2800. • Coastal Evaluation Center will call Dee Norton Child Advocacy Center – 843-723-3600. SCDJJ requires the clinician of record, or the on-call clinician will go to the hospital with the youth and remain with the youth until properly relieved or the youth is released. The clinician will remain in contact with his or her supervisor and keep them informed of any development in the condition and / or treatment of the youth. The auditor reviews the “Protocol for Alleged Sexual Assault Involving Penetration” procedures section 3 stated, A SCDJJ medical professional (registered nurse, nurse practitioner, or physician) will assess the youth and provide treatment for any injuries or conditions requiring immediate care. The auditor reviewed a Memorandum of Understanding letter send to Pathway to

	Healing dated May 15, 2026, to facilitate services related to goals and implementation of the Federal Prison Rape Elimination Act (PREA) mandates. The auditor previously contacted Safe Passage, Inc. on August 21, 2025, at 12:58PM. The Child Advocacy Center Coordinator response to the auditor's written questions on September 4, 2025, at 4:26 PM. The following information included Pathways to Healing responsible as: • Responding to calls made by youth at Midlands Evaluation Development Center and received on the Pathways to Healing 24-hour crisis hotline. • Provide youth at Midlands Evaluation Development Center with confidential emotional support services related to sexual abuse/sexual assault alleged to have taken place during their confinement at Midlands Evaluation Development Center and during their transition from Midland Evaluation Development Center back to the community. • Provide follow-up services to alleged victims of sexual abuse/sexual assault at Midlands Evaluation Development Center, as resources allow. This will include up to three in-person visits. • Maintain confidentiality of all communication of youth at Midlands Evaluation Development Center who initiate contact with the Pathways to Healing. • Collaborate with designated SCDJJ Secure Facility, Camp or Group home staff to obtain security clearance. • Ensure the rape crisis advocate will follow all Midlands Evaluation Development Center guidelines for safety, security, and confidentiality. • Communicate any questions or concern to the CDJJ PREA Coordinator that are not in violation of the youth's confidentiality. • Provide the SCDJJ PREA Coordinator with monthly statistical data to include category of call, Date and time of calls, and category of assistance offered to the youth in an Excell document using a provided format by SCDJJ. • Communicate with the PREA Compliance Manager for each site, any calls received that fall out of the purview of this agreement in order that they can be routed to the correct authorities. Sytiia Coleman – 803-351-8741; Backup Raymond Brigman 803-997-9746. **PREA Compliance Manager – Q: 15, 16 / Residents who Reported a Sexual Abuse – Q: 9** Facility PREA Compliance Manager: In what ways does the agency or facility attempt to make available a victim advocate from a rape crisis center? The facility maintains a partnership with Safe Passage to ensure that victim advocates are available when needed/requested. When a youth reports sexual abuse and requests support, the facility contacts the center to arrange for an advocate to provide emotional support, crisis intervention, and guidance throughout the investigation and medical examination process. Information about this resource is shared during intake, posted in common areas, and again by the PREA Compliance Manager and the clinical team after an allegation is reported. The PREA Coordinator maintains the attempt to establish a MOU with the outside agency.

Facility PREA Compliance Manager: To verify that a rape crisis center offering victim advocacy services meets the criteria specified in standard115.321, the SDCJJ PREA Coordinator has provided an approved list of centers within the facility's region that are in compliance with these regulations. Additionally, these centers conform to the State of South Carolina's standards.

During the site visit there were no residents who reported sexual abuse to respond to the following question. When you reported sexual abuse, did the facility allow you to contact anyone?

- Who was that person?
- Do you know what office they were from?
- How did that person assist you?
- Is that person still available to you?

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the site review tour, the auditor noted that Emotional Support Services Flyers were posted in the living units near the phones. The flyers were color-coded: the top section, in green, provided clear instructions on accessing emotional support services, while the bottom section, in red, outlined procedures for reporting sexual abuse or harassment. The auditor tested the phone lines to verify their functionality. Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.321 (e)

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

Review of Documents:

Pre-Audit Questionnaire: 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? Facility reported yes.

SCDJJ Policy 336 – Application of the PREA Standards section B.4, in the event of an assault, the SCDJJ Mental Health Practitioners will ensure that the victim (s) are offered the services of an outside agency victim advocate consistent with SCDJJ

Policy 321, Prevention of Sexual Offenses towards Youth and SCDJJ Policy 911, Mental Health Emergency and Crisis Intervention.

SCDJJ requires the clinician of record, or the on-call clinician will go to the hospital with the youth and remain with the youth until properly relieved or the youth is released. The clinician will remain in contact with his or her supervisor and keep them informed of any development in the condition and / or treatment of the youth.

The auditor reviews the “Protocol for Alleged Sexual Assault Involving Penetration” procedures section 3 stated, A SCDJJ medical professional (registered nurse, nurse practitioner, or physician) will assess the youth and provide treatment for any injuries or conditions requiring immediate care.

A review of the SCDJJ website included access to the SC Department of Children’s Advocacy (Advocacy. Accountability. Serves). To access the Children’s Advocacy agency, facility, youth or parents can submit complaints to South Carolina Department of Children’s Advocacy by phone at 1-800-206-1957 or via the electronic submission form. Parents can also visit the SC Department of Children’s Advocacy homepage at childadvocate.gov.

PREA Compliance Manager – Q: 14 / Resident who Reported a Sexual Abuse – Q: 9

Facility PREA Compliance Manager: If requested by the victim, does a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews? Yes, if requested by the victim, the facility ensures that a qualified victim advocate is available to accompany and support them during the forensic medical examination and investigatory interviews. This support may be provided by Safe Passage. The facility coordinates with the Safe Passage as soon as exam is scheduled, and if the victim requests additional services and support. Residents are informed of this right during intake and again if an incident occurs. A facility medical, mental health or social worker may attend upon request from the victim.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the site review, the auditor noted that clear English and Spanish signage for reporting sexual abuse or harassment was posted in housing units, program areas, and visitation. PREA flyers with support service contacts were also available throughout the facility.
Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review

of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.321 (f)

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

Review of Documents:

Pre-Audit Questionnaire: If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relying on another agency has requested that the responsible agency follow the requirements of paragraphs 115.321 (a) through (e) of the standards, facility reported NA.

SCDJJ Policy 336 – Application of the PREA Standards section B.6, in the event that SCDJJ Division of Investigative Services does not investigate an allegation, the Chief of Investigations will request in writing that the investigating agency follow the requirements set by PREA standards.
If SCDJJ does not investigate an allegation, the SCDJJ Investigation Division will request that the investigating agency (SLED) follow the requirements set by standard 115.321 (a) through (e).

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

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

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

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal conversation with the facility PREA Compliance Manager reported when a PREA allegation is investigated by an outside agency, the facility requests that the investigator follow the PREA requirements. The preponderance of evidence is defined as proof by evidence that, compared with evidence opposing it, leads to the conclusions that the fact at issue is more probably true than not.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.321 (g)

The requirements of paragraphs (a) through (f) of this section shall also apply to:

- Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in juvenile facilities; and
- Any Department of Justice component that is responsible for investigating allegations of sexual abuse in juvenile.

Review of Documents:

Auditor is not required to audit this provision.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Auditor is not required to audit this provision.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.321 (h)

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

Review of Documents:

In the event of sexual assault, the SCDJJ licensed Mental Health Practitioners will ensure that the victims are offered the services of an outside agency victim advocate consistent with SCDJJ Policy 336 Application of PREA Standard and SCDJJ Policy 321 Prevention of Sexual Offenses toward Youth.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

	Corrective Action: Not Required **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • Investigation Files Review Notes • Investigation Cases • South Carolina Law Enforcement Division (SLED) MOU with SCDJJ • Letter of Agreement with South Carolina Law Enforcement Division (SLED) • SCDJJ Policy 328 Investigations • Agency Head/Designee • Investigative Staff **Reasoning and Analysis (By Provisions)** **115.322 (a)** The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. **Review of Documents:** Pre-Audit Questionnaire: In the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received, facility reported 24. In the past 12 months, the number of allegations resulting in an administrative investigation, facility reported 24.

In the past 12 months, the number of allegations referred to for criminal investigation, facility reported 1.

SCDJJ Policy 328 Investigations: 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. Statistical information will be maintained for review and reference.

A review of the investigation files confirmed the agency conducts administrative (Administrative Inquiry) and criminal investigations for all allegations of sexual abuse and harassment. Over the past 12 months, there have been 25 investigations:

- Staff-on-resident sexual abuse - 8
- Staff-on-resident sexual harassment - 5
- Resident-on Resident sexual abuse - 7
- Resident-on-Resident sexual harassment - 5

Of the 25 investigation cases, the auditor reviewed 25. To determine investigation case sampling: For twenty or fewer cases, the auditor reviews at least ten. Twenty-one or more the auditor reviewed 10 cases plus an additional 10 percent of the remaining cases. Note: raw evidence is uploaded in standard 22(a) in each residents' investigation cases.

Additional Documents Review:

- Youth Grievance – Let's Talk
- Grievance Emails
- DJJ Event Report ER
- Grievance SLES Questionnaire Form
- Juvenile Allegation/Grievance and Appeal Form

Note: SCDJJ Policy 328, Investigations, states that the designated investigator must request video footage of the incident within three days of receiving the allegation. However, investigators have reported that they typically ask for video footage on the same day they are assigned the case.

The auditor reviewed the Department of Justice Civil Rights Division's April 14, 2022, Investigation Report on South Carolina Department of Juvenile Justice's Broad River Road Complex, as well as the Monitoring Report Settlement Agreement's April 2025 Investigation section. The following were the results:

- Revising Investigation Policies and Procedures (Substantial Compliance).
- Implementation Revised Investigation Policies and Procedures (Substantial Compliance).
- Video Request Following Allegation (Substantial Compliance).

- Investigations without Video (Substantial Compliance).
- Investigations When a Youth withdraws an Allegation (Substantial Compliance).
- Investigations Staff Training (Substantial Compliance)

The agency PREA Coordinator confirmed that the results for the Monitoring Report Settlement Agreements are implemented throughout the agency. The full report is on the South Carolina Juvenile Justice Department website.

Agency Head/Designee – Q: 3, 4

Agency Head Designee/Chief of Staff: Does the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment? Yes. The agency PREA Coordinator is responsible for ensuring that all administrative and/or criminal sexual abuse is investigated. The agency has a zero-tolerance for the sexual abuse or sexual harassment of youth or staff and have several policies in place for this reason. Currently, the overall operations process includes an investigative component. Once an alleged incident is reported through an even report, or any other notification method. Or if suspected, it is immediately addressed. The agency's Office of Safety and Law Enforcement Services, Investigations area, will initiate the investigation with the assistance of the PREA Coordinator. The agency's PREA Coordinator will stay informed throughout the process and ensure not only that an investigation is completed, but the applicable follow-up occurs.

Agency Head Designee/Chief of Staff: Please describe how an administrative or criminal investigation is completed for allegations of sexual abuse or harassment? The agency has several policies that address the investigations requirements and process: 321 Prevention of Sexual Offenses toward Youth; 336 Application of PREA Standards. Process summary: Once there is a report of an alleged sexual abuse or harassment incident, the agency PREA Coordinator and investigations team within the agency's Safety and Law Enforcement Services are notified. The investigation process and package includes examination of DJJ Event Report ER, PREA Investigation Checklist, Summary of Findings, Resident Statements, Staff Statements, Safety Plan (SP) for Alleged Sexual Abuse and Sexual Harassment, Administrator to Administrator PREA Notification, Retaliation Monitoring, Disciplinary Sanctions for Staff, Resident Grievance Report (Sexual Abuse/Harassment), Electronic Recordings of the Event (Video System), Medical Documents, Administrative Inquiry Advisement (Form 328A), Request for Extension (Form 328B), Final Investigative Report (Criminal), Incident Reviews, Physical DNA Evidence, and Photos.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the site visit, the auditor noted that investigation case files were kept in a locked cabinet within the PREA Compliance Manager's office.

Discussions with the PREA Compliance Manager indicated that all investigation case files are stored securely in this cabinet. Staff members do not have access to

	these files. **Corrective Action: Required** Completed and Refer Findings to PREA and Facility The auditor reviewed 25 investigations for the past 12 months. Of the 25 investigations cases, 24 were pending. According to the facility, they are pending because the Office of Investigations has not shared the findings with the PREA Office or Facility. It was determined that this caused a major problem with the facility of being PREA compliant with several PREA standards. Conversations with the Captain and LT indicated that most of the pending cases were closed. The concern is that they may be closed, however, the findings and key information are not sent to the PREA Office or the facility. **Corrective Action (s):** To address the audit finding regarding investigations remaining in a pending status due to findings and disposition information not being communicated to the PREA Office and facility leadership, the agency conducted a comprehensive review of its investigative processes to identify the root cause of delays in case closure, information sharing, and PREA compliance tracking. As a result of this review, the agency revised its investigative process to clearly define investigative responsibilities. Moving forward, Safety and Law Enforcement Services will conduct investigations involving allegations against staff and youth-on-youth allegations that warrant criminal prosecution. Youth-on-youth allegations that do not meet the threshold for criminal prosecution will be handled as administrative investigations. This distinction is intended to improve investigative efficiency, reduce delays, and ensure timely case completion and disposition. In addition, the agency developed and implemented a case tracking system designed to monitor investigative progress and ensure accountability. The tracker provides notifications and prompts to both PREA Compliance Managers (PCMs) and Law Enforcement personnel regarding required timeframes and outstanding actions This process helps ensure that investigation findings and key case information are communicated promptly to the facility and PREA Office upon completion. To further strengthen oversight, monthly review meetings have been established and will continue on a ongoing basis. During these meetings, investigative statuses are reviewed; the case tracker is monitored for compliance with established timelines, and any outstanding disposition information is identified and addressed. This process ensures that completed investigations are properly documented, findings are communicated to the PREA Office and facility leadership, and cases are accurately reflected in PREA records. These corrective actions enhance communication between investigative entities,

improve timeliness of case disposition reporting, and support ongoing compliance with PREA investigative and documentation standards.

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.322 (b)

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

Review of Documents:

Pre-Audit Questionnaire Indicated: The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts it conducts its own investigations, unless the allegation does not involve potentially criminal behavior, facility reported yes.

SCDJJ Policy 328 Investigations: Classification of Event section B, 3: Significantly serious incidents, as determined by the Inspector General will be reported by the Inspector General to the South Carolina Law Enforcement Division (SLED) in accordance with the memorandum of Agreement between the SCDJJ and SLED.

SCDJJ Policy 328 Investigations: Classification of Event section C: South Carolina Law Enforcement Division – Upon notification, 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.

Upon reviewing the Audit Allegations Report for the facility, the auditor found that SCDJJ documents all referrals of allegations of sexual abuse and/or sexual harassment for criminal investigations. The auditor identified 0 investigative referrals to SLED for investigation from the log.

A review of the agency/facility’s website provides information and related policies for reporting allegations of sexual abuse. A third-party reporting process is also on the site. Reporting information is also posted in various areas of the facility including but not limited to the housing units. The posted information is accessible to staff, contractors, and visitors. The policy and interviews confirmed allegations of sexual abuse and sexual harassment are investigated.

	Investigative Staff – Q: 4 Captain of Investigations: Does agency policy require that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes, agency policy requires allegations of sexual abuse and or sexual harassment be referred for agency's investigation unit. This is often a designated investigative entity within the agency or an external agency with the authority to conduct criminal investigation. The agency has a MOU with SLED to conduct outside investigations if needed and approve by the agency Director. However, the agency Public Safety and Law Enforcement Officer have the legal authority to conduct criminal investigations. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.322 (c)** If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. **Review of Documents:** Pre-Audit Questionnaire: 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, facility did not report. SCDJJ Policy 328 Title Investigations: Classification of Event section B, 3: Significantly serious incidents, as determined by the Inspector General will be reported by the Inspector General to the South Carolina Law Enforcement Division (SLED) in accordance with the memorandum of Agreement between the SCDJJ and SLED. SCDJJ Memorandum of Understanding Between the South Carolina Law Enforcement Division (SLED) and the South Carolina Department of Juvenile Justice (SCDJJ), Section 5, Scope, Subsection 5.2, page e, SLED will be the primary investigative agency on any case specifically requested by the Director of SCDJJ or the SCDJJ Inspector General.

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

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

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.322 (d)

Any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile shall have in place a policy governing the conduct of such investigations.

Review of Documents:

Pre-Audit Questionnaire Indicated: Auditor is not required to audit this provision.

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.322 (e)

Any department of Justice Component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in juvenile shall have in place a policy governing the conduct of such investigations.

Review of Documents:

Pre-Audit Questionnaire Indicated: Not required to be Audited.

Provision Findings:

	An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and resident, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.331	**Employee training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336 – Application of the PREA Standards • SCDJJ Policy 241 Staff Development and Training Requirements and Services • DJJ PREA Refresher Handouts • Curriculum Performance Objectives: • SCDJJ Recertification Training, PowerPoint slides 1 – 52: • SCEIS Employee Training Transcript • Random Sample Staff **Reasoning and Analysis (By Provisions)** **115.331 (a)** The agency shall train all employees who may have contact with residents on: • Its zero-tolerance policy for sexual abuse and sexual harassment. • How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. • Residents' right to be free from sexual abuse and sexual harassment. • The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. • The dynamics of sexual abuse and sexual harassment in confinement. • The common reactions of sexual abuse and sexual harassment victims. • How to detect and respond to signs threatened and actual sexual abuse. • How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

	• Relevant laws regarding the applicable age of consent. **Review of Documents:** Pre-Audit Questionnaire: The agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment, facility reported yes. SCDJJ Policy 336 – Application of the PREA Standards section C.1, All employees, juvenile, contractors, interns, and volunteers, to include contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Youth, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of juveniles, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ Policy 241 Staff Development and Training Requirements and Services Section C.1: All staff/employees will receive instruction related to the statutory law and policy concerning sexual violence, staff sexual harassment, and staff sexual misconduct and the prevention, detection, reporting, and investigation of such. Employees will receive this information as part of the new employee orientation, consistent with SCDJJ Policy 241, Staff Development and Training Requirements and Services. Staff Development and Training will provide additional training as part of annual employee training and will hold a course containing this information on its annual training calendar. The auditor examined the training curriculum for all employees who may have contact with youth on the right to be free from sexual abuse and sexual harassment, SCDJJ Training Lesson Plan, Office of Professional Standards, Staff Development and Training Lesson Plan, PREA Implications, PowerPoint, slides 1 – 17, effective 3/16/21. The curriculum Performance Objectives: • Objective six discusses the common reactions displayed by victims of sexual abuse and sexual harassment. • Objective five discusses and identifies inappropriate behavior by staff. • Objectives include 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. SCDJJ Recertification Training, PowerPoint slides 1 – 52: • Performance objectives include how to avoid inappropriate relationships with youth. • Performance objectives on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. • Performance objectives, including relevant laws regarding the applicable age of consent. • Performance objectives are unisex and tailored to the unique needs and attributes and gender of the youth at the facility.

	Note: The SCDJJ PREA curriculum is too large to upload into the PREA system. The auditor has a copy on file. The auditor also reviewed the Training Lesson Plan “PREA and the Implications for SCDJJ. **Random Sample of Staff – Q: 1** Twelve random staff were interviewed by the auditor’s non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. Interviewed staff reported that they received PREA training. Staff were aware of the Zero Tolerance Policy, employee and confined persons rights, signs, and symptoms of sexual abuse, reporting and responding. One hundred percent of staff were knowledgeable about the topics they had been trained on. Some say that the topics are ongoing. When probed, staff were able to describe the training on zero tolerance, confined persons and staff rights, dynamics of sexual abuse and sexual harassment, prevention, and response protocol as well as supportive services available to confined persons. Staff indicated they have received training on working with vulnerable populations. The staff reported receiving training in person, online and annually. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the auditor site review the auditor had informal conversations with staff regarding the PREA training. They were asked, “Have you had the required PREA training? Staff responses were yes when they were hired and through shift briefing. When asked, can you tell me about what topics were discussed. Staff responses were internal and external resident reporting processes; they pointed to the PREA information located by the phones. They also talked about how they can privately report PREA to the management team along with other variety of topics that were discussed in training. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.331 (b)** Such training shall be tailored to the unique needs and attributes of residents of juvenile facilities and gender of the residents at the employee’s facility. The employee shall receive additional training if the employee is reassigned from a facility that house only male residents to a facility that houses only female residents, or vice versa.

	Review of Documents: Pre-Audit Questionnaire: Training is tailored to the unique needs and attributes and gender of the residents at the facility, facility reported yes. A review of the resident's roster indicated that the facility houses males, and the training considers the needs of the population as determined by a review of training curricula and interviews with random staff. However, informal conservation with the PREA Compliance Manager reported that employees who are reassigned from other facilities that house the opposite gender are given additional information. The curriculum Performance Objectives: Performance objectives are unisex and tailored to the unique needs and attributes and gender of the youth at the facility. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.331 (C)** All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. **Review of Documents:** Pre-Audit Questionnaire: Between training the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment, facility reported yes. SCDJJ Policy 336 – Application of the PREA Standards section C.1, SCDJJ will provide employees a refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employee's file. SCDJJ Policy 241 Staff Development and Training Requirements and Services Section B.4. In-Service Training: All SCDJJ employees are required to complete a minimum of 15 hours of job-related training annually, per calendar year. Additional training may

be required for specified positions, as outlined in the training plan.

A review of the DJJ PREA Refresher Handout included:

- PREA Basics
- Handling Disclosures of Abuse
- Professional Communication and Boundaries
- Youth Privacy
- Ways Youth Can Report
- Youth Support Services
- Helping Youth Who Primarily Speak Another Language
- Duty to Report: Knowledge, Suspicion, or Information
- First Responder Duties
- Completing a PREA Incident Report
- Investigations
- Encouraging Youth to Report Sexual Abuse

A review of the training documentation indicated that all current employees and contractors have received PREA training, and facility staff reported that they also received monthly refresher training through staff briefing and meetings where they are reminded of PREA issues. Staff must take annual refresher training through the agency's computerized system.

The auditor reviews the Facility PREA Training (SAP Success Factors System) SCDJJ: SCEIS Employee Training Transcript * Note – SCDJJ uses contact hours. The Training Transcripts documented that E-learning employees completed the required “Annual PREA Standards Refresher” and used this as their signature or electronic proof of completion.

The auditor examined 84 SCEIS Employee Training Transcript for the required information.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.331 (d)

The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

Review of Documents:

	Pre-Audit Questionnaire: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification, and the facility reported yes. SCDJJ Policy 241 Staff Development and Training Requirements and Services Section E.1.a: Training Transcript Request. Employee training transcripts are provided upon request from current employees or their supervisor by sending an email to Training. Transcripts are processed and issued based upon the scope of the request. Employees may also utilize Form 241F, Individual Employee Self-Documentation of Training, to record track training attendance. The auditor reviews the Facility PREA Training (SAP Success Factors System) SCDJJ: SCEIS Employee Training Transcript * Note – SCDJJ uses contact hours. The Training Transcripts documented that E-learning employees completed the required "PREA 101" and used this as their signature or electronic proof of completion. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.332	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336 – Application of the PREA Standards • SCDJJ Policy 914 Volunteer Services • SCEIS Employee Training Transcript

- List of Volunteers
- Copy of Volunteer Orientation Training
- Copies of the Completed Volunteer's Certification of Orientation and Agreement
- Copy of One Time Volunteer Visit Orientation Completed Form
- List of Contractors
- Copies of Contractors Conduct Agreement (Form 213A)

Reasoning and Analysis (By Provisions)

115.332 (a)

The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

Review of Documents:

Pre-Audit Questionnaire: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response, facility reported yes.

SCDJJ Policy 336 – Application of the PREA Standards section C.1, All employees, juvenile, contractors, interns, and volunteers, to include contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Youth, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of juveniles, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees a refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employee's file.

The agency/facility confirmed that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment, prevention, detection, and response.

The auditor reviewed the PowerPoint presentation on SCDJJ Volunteer Orientation (Training Curriculum). The presentation covered PREA-related education, including an explanation of what PREA is, the SCDJJ Zero Tolerance Policy, the dynamics of sexual abuse, detecting signs of sexual abuse, the PREA incident report, first responders' duties, and a discussion about boundaries.

Volunteer (s) or Contractor (s) who have contact with Residents – Q: 1

Volunteers and Contractors: Have you received training on your responsibilities for the prevention, detection, and response to sexual abuse and sexual harassment, as outlined by agency policy and procedures? Yes.

	Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.332 (b)** The level and type of training provided to volunteers and contractors shall be based on the services they provided and level of contact they have with residents, but all volunteer and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. **Review of Documents:** Pre-Audit Questionnaire: The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents, facility reported yes. SCDJJ Policy 914 Volunteer Services Section N: SCDJJ has a zero-tolerance policy regarding sexual abuse and sexual harassment of juvenile committed to its care, custody and control or otherwise under its supervision. All volunteers will be made aware of this policy and will be trained during their volunteer orientation on how to report sexual harassment and sexual abuse that they witness or suspect. Orientation training of volunteers on PREA will be an abbreviated version of SCDJJ employee on PREA but will include all essential elements of that training to include SCDJJ's zero-tolerance of sexual abuse and sexual misconduct, how volunteers can fulfill their responsibilities and assist the agency to prevent, detect, report and properly respond to sexual abuse and sexual harassment, and of their right to be free from retaliation for the reporting of suspected cases of sexual abuse and sexual harassment. The auditor reviewed the PowerPoint presentation on SCDJJ Volunteer Orientation (Training Curriculum). The presentation covered PREA-related education, including an explanation of what PREA is, the SCDJJ Zero Tolerance Policy, the dynamics of sexual abuse, detecting signs of sexual abuse, the PREA incident report, first responders' duties, and a discussion about boundaries. **Volunteer (s) or Contractor (s) who have contact with Residents – Q:2, 3** Volunteers and Contractors Have you been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as informed about how to report such incidents? Yes.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.332 (c)

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

Review of Documents:

Pre-Audit Questionnaire: The agency maintains documentation confirming that the volunteers and contractors understand the training they have received, and the facility reported yes.

SCDJJ Policy 914 Volunteer Services Section N: SCDJJ will ask for and maintain documentation that all volunteers have received and understand the training they have received. Any volunteer who is accused of sexual harassment or sexual abuse of a committed juvenile/juveniles und SCDJJ supervision or of sexual misconduct with a committed juvenile/juveniles under SCDJJ supervision, will immediately have their volunteer privileges suspended, and the matter referred for investigation. If after an investigation the allegation is founded, volunteer privileges will be terminated and, if applicable, criminal prosecution sought.

The auditor verified this by examining a selection of contractors' training records for those who may interact with residents. The records are apart from the Facility PREA Training system.

The auditor reviews the Facility PREA Training (SAP Success Factors System) SCDJJ: SCEIS Employee Training Transcript * Note – SCDJJ uses contact hours. The Training Transcripts documented that E-learning employees completed the required “PREA 101” and used this as their signature or electronic proof of completion.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this

	provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.333	**Resident education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336 – Application of the PREA Standards • SCDJJ Policy 241 Staff Development and Training Requirements and Services • Youth Intake Form/ Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) • Residents Date Spreadsheet • Receipt of PREA Orientation/Education • PREA Flyers • Handbook • Site Review • PREA videos • Intake Staff • Random Resident Interview Questionnaire **Reasoning and Analysis (By Provisions)** **115.333 (a)** During the intake process, residents shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. **Review of Documents:** Pre-Audit Questionnaire: The number of residents admitted in the past 12 months who were given this information at intake, facility reported 268. SCDJJ Policy 336 – Application of the PREA Standards section C.2, consistent with SCDJJ Policy 321, each SCDJJ facility will ensure that all youth receive education on the Agency's zero-tolerance policy, their rights and responsibilities on how to be

free from sexual abuse, sexual harassment, and retaliation for reporting. Such an education will be provided to all youth within 10 days of intake. Documentation of provided education will be placed in the youth's permeant file.

SCDJJ Policy 241 Staff Development and Training Requirements and Services Section D1.a-g: within 10 days of intake, all youth in all SCDJJ secure facilities will receive by assigned facility staff comprehensive instruction concerning youth's rights and responsibilities to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse. Youth will also receive information on SCDJJ policies and procedures for responding to incidents of sexual abuse, adolescent sexual development, risky sexual behavior, and the health and social consequences of inappropriate or risky sexual behavior. This information will be provided in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired or otherwise disabled or have limited reading skills.

- The SCDJJ zero-tolerance standard.
- How to avoid risk situations.
- How to report if being threatened, intimidated, and/or assaulted.
- How to obtain counseling and medical assistance, if victimized.
- Protection against retaliation.
- The risks and potential consequences for engaging in any type of sexual activity.
- Disciplinary action (s) for making false allegations.

The auditor reviewed the Youth Intake Form/ Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) which has the following information at the top of the first page. *Intake section (page 1-3 must be completed within 1 hour of arrival by the assigned intake staff; VVSAS must be completed within 72 hours by clinical staff.

It should be noted that residents received the Intake Orientation and the Comprehensive Education by reviewing the PREA Video for Residents develop by the National PREA Resource Center. The videos are available to meet the needs of residents with disabilities.

The auditor has reviewed the PREA videos and has links to upload in the PREA system. The following PREA Juvenile Intake videos were reviewed:

- Juvenile Intake – Captioned Spanish
- Juvenile Intake – Captioned English
- Juvenile Intake – ASL

Note: Residents that may be blind can lister to staff and the video or staff will read to them.

The following are notes of the auditor's review of videos which confirmed the residents' PREA orientation.

- The video provides residents with information about the National Prison Rape Elimination Act also called PREA Standards, "Know Your Rights".

	• Zero-Tolerance Policy and what it means. • Terms and definitions: Sexual Abuse and Sexual Harassment. • All reports will be investigated. • How to report sexual abuse and sexual harassments. • Reporting back to residents. • The rights to be free from sexual abuse, sexual harassment, and retaliation for reporting. • Tips for staying safe from sexual abuse and sexual harassment. • How to report sexual abuse and sexual harassment from the facility (A Formal Report, A Report to Medical or Mental Health Staff, A Third-Party Report, An Outside Entity Report, Report Private, right not to Face Retaliation for Reporting). • Availability of medical and mental health treatment for victimized residents. • Disciplinary actions for participating in sexual abuse, sexual harassment, or making false allegations. • Reporting back to the residents. During the intake process staff review the information below with a new juvenile within 72 hours of the juvenile's arrival at the facility. This information is given and reviewed by the residents the same day: • Allegation and Grievance Procedures • Classification Services • Discipline Procedures • Facility Rules and Operational Services • Health Services • Prevention of Juvenile Sexual Assault/Sexual Misconduct (PREA Video Viewing) • Recreation Activities • Religious Activities • School • SCDC Retention of Juvenile Transfer • Social Work Services/Programs • Visiting Procedures **Intake Staff – Q: 1, 2 / Resident Interview Questionnaire – Q:4** Intake Staff: Do you provide residents with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment? Yes, residents are provided with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. They watch the 10-minute PREA video during intake. They are also given a brochure, and the facility Handbook which also has PREA information included. Intake Staff: How do you ensure that current residents, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment? After watching the video residents are asked what they learned from the video. The intake staff have the residents tell them what they already know about PREA and provide them with the brochure and handbook.

	All residents that enter the facility must complete the intake orientation to include PREA. Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. When you first came here, did you get information about the facility's rules against sexual abuse and sexual harassment? Sixteen interviewed residents indicated that they received a pamphlet and reviewed a PREA video when they arrived at the facility. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversations with the PREA compliance manager confirmed that the Intake staff conducts the intake orientation. This was confirmed during the facility tour by informal conversation with the intake staff. During the facility site review the intake staff were asked to demonstrate the intake process by walking the auditor through the process. Staff were in the office; the staff member explained the intake and orientation process. According to the Intake staff, youth are provided with a PREA brochure in English or Spanish. The information is also read to all youth entering the facility, and they also watch a PREA video in either language. A mental health staff conducts a face-to-face risk assessment with the youth, whom a medical staff also sees. Staff members determine the youth's dorm, bed, programming, and other assignments based on factors such as criminogenic information, gender identity, family history, medial history, risk of victimization and abusiveness, safety concerns, and personal views. The auditor was shown the PREA video seen by the residents. The video was clear, and the auditor reviewed the PREA Flyers. The facility provides the necessary PREA information to all residents, regardless of ability and language, though the Juvenile PREA videos provided by the National PREA Resource Center. Written information is clear and provided at a reading-level and is accessible for all residents in the facility, including those who are limited English proficient (LEP), other than English the facility provides written information in Spanish. Interpreter services are provided using the language line. During the site review the audit test the language line process. For residents with cognitive or functional disabilities, the Mental Health staff or Special Education staff are involved in providing the required PREA information. Informal conversation with residents indicated while most youth were not on grade level, most confirmed that the PREA related information, information regarding how to obtain emotional services, and methods to initiate a third-party report of an event of sexual abuse or sexual harassment determined that the language was understandable and, on an age-appropriate reading level. Agency PREA Coordinator and Central Office staff stated the agency is updating all

youth materials to a third grade reading level.
Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.333 (b)

Within 10 days of intake, the agency shall provide comprehensive education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Review of Documents:

Pre-Audit Questionnaire: The number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake, facility reported 268.

SCDJJ Policy 241 Staff Development and Training Requirements and Services Section D1.a-g: within 10 days of intake, all youth in all SCDJJ secure facilities will receive by assigned facility staff comprehensive instruction concerning youth's rights and responsibilities to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse.

The auditor conducted a thorough review of all PREA videos. The videos were created to include the following versions: Resident Intake English (with Sign Language and Captions); Juvenile Intake English (Captioned); Resident Intake Spanish (Captioned); Comprehensive Education English (with Sign Language and Captions); Comprehensive Education English (Captioned); and Comprehensive Education Spanish (Captioned).

The auditor has reviewed the PREA videos and has links to upload in the PREA system. Based on documentation reviews of 54 residents' signatures and date on the Orientation and Certification of PREA Orientation/Education corroborate that the residents are receiving the PREA information within the 10-day period. Most of the residents received their intake orientation within the day.

Intake Staff – Q: 3, 4 / Residents Interview Questionnaire – Q:5

Intake Staff: How does the agency ensure that residents are educated regarding their rights to be free from sexual abuse and sexual harassment, and to be fee from retaliation for reporting such incidents, and regarding agency policies and

procedures for responding to such incidents? The residents have to watch the PREA video during the first day of Intake process. They receive the brochure with the required information regarding their right to be free from sexual abuse and sexual harassment.

Intake Staff: In general, how long from the date of intake are residents made aware of these rights? Residents are made aware of their rights on the first day of intake. Residents are always reminded of things that they should not do and the thing they should do.

Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. Interviewed resident confirmed that when they came to the facility, they were told about their right to not be sexually abused or sexually harassed. How to report sexual abuse or sexual harassment. About their rights not to be punished for reporting sexual abuse or sexual harassment. When asked about how long after coming here did you get the information above? There were a variety of responses, on the same day or the next day, within hours, or immediately. Residents were asked when they first arrived at the facility; all responses indicated it was within the past 12 months.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

The auditor has reviewed the PREA videos and has links to upload in the PREA system. The following PREA Juvenile Comprehensive videos were reviewed:

- Juvenile Comprehensive – Captioned Spanish (15 mins)
- Juvenile Comprehensive – Captioned English (15 mins)
- Juvenile Comprehensive – ASL (19 mins.)

The following are notes of the auditor's review of videos which confirmed the residents' PREA comprehensive PREA Education:

- The video provides residents with information about the National Prison Rape Elimination Act also called PREA Standards, "Know Your Rights".
- Zero-Tolerance Policy and what it means.
- Terms and definitions: Sexual Abuse and Sexual Harassment.
- All reports will be investigated.
- How to report sexual abuse and sexual harassments.
- Reporting back to residents.
- The rights to be free from sexual abuse, sexual harassment, and retaliation for reporting.
- Tips for staying safe from sexual abuse and sexual harassment.
- How to report sexual abuse and sexual harassment from the facility (A Formal Report, A Report to Medical or Mental Health Staff, A Third-Party Report, An Outside Entity Report, Report Private, right not to Face Retaliation for Reporting).
- Availability of medical and mental health treatment for victimized residents.
- Disciplinary actions for participating in sexual abuse, sexual harassment, or making false allegations.

- Reporting back to the residents.

Corrective Action: Not Required

Provision Findings:

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, juveniles, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard.

115.333 (c)

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

Review of Documents:

Pre-Audit Questionnaire: Have all residents received such an education? Facility reported yes.

The auditor confirmed that all residents received PREA education upon transfer to a different facility by collecting information from the residents' documents of the arrival date/year to the SCDJJ agency vs the arrival date at the facility.

The auditor reviewed the residents Roster for the past 12 months and the residents Date Spreadsheet to make the determination of the provision.

Intake Staff – Q:2

Intake Staff: How do you ensure that current residents, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment? After watching the video residents are asked what they learned from the video. The intake staff have the residents tell them what they already know about PREA and provide them with the brochure and handbook. All residents that enter the facility must complete the intake orientation to include PREA.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal conversation with facility PREA compliance manager during facility tour confirmed that all residents who arrived or transferred to the facility have received PREA education through watching a video and PREA brochure. Transferred residents received education on their rights to be free from both sexual abuse, sexual harassment, and retaliation for reporting these incidents. The auditor confirmed that residents watched the PREA Orientation video by reviewing their documented signatures. The informal conversation also confirmed that all residents prior to PREA have received the PREA education.

	Corrective Action: Not Required **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.333 (d)** The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. **Review of Documents:** Pre-Audit Questionnaire: Does the agency provide resident education in formats accessible to all residents including those who are Limited English proficient, facility reported yes. SCDJJ Policy 241 Staff Development and Training Requirements and Services Section D1.a-g: within 10 days of intake, all youth in all SCDJJ secure facilities will receive by assigned facility staff comprehensive instruction concerning youth's rights and responsibilities to be free from sexual abuse, sexual harassment, and retaliation for reporting sexual abuse. Youth will also receive information on SCDJJ policies and procedures for responding to incidents of sexual abuse, adolescent sexual development, risky sexual behavior, and the health and social consequences of inappropriate or risky sexual behavior. This information will be provided in formats accessible to all youth, including those who are limited English proficient, deaf, visually impaired or otherwise disabled or have limited reading skills. The auditor has reviewed the PREA videos. The videos are in a format that is accessible to residents who are limited English proficient in Spanish format; deaf residents by using sign language and caption in English and Spanish; and visually impaired by using clear speech. The agency provided residents handbooks, PREA Posters, PREA Flyers, and other additional information posted on the walls. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Review site review information in provision (a). **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.333 (e)

The agency shall maintain documentation of resident participation in these education sessions.

Review of Documents:

Pre-Audit Questionnaire Indicated: The agency maintains documentation of resident participation in PREA education sessions, facility reported yes.

SCDJJ Policy 500 Detention Center Admissions Section E: Each facility will maintain documentation of juveniles' participation in the education sessions and will ensure that key information and readily available or visible to juveniles through posters, resident handbooks, or other written formats.

SCDJJ Policy 241 Staff Development and Training Requirements and Services Section D3: Each facility will maintain documentation of youth participation in the education sessions and will ensure that key information is continuously and readily available or visible to youth through posters, resident handbooks, and other written formats.

The auditor has reviewed the PREA videos and has links to upload in the PREA system. Based on documentation review of 54 residents' signatures and date on the Receipt of PREA Orientation/Education confirmed that the residents are receiving the PREA information within the 10-day period. The following information is included in the Receipt of PREA Orientation: I have received, reviewed and/or staff have read all the PREA information to me. Staff have satisfactorily explained and answered any questions or concerns I may have had regarding PREA. I understand the following:

- What PREA stands for – Prison Rape Elimination Act.
- The definitions of sexual abuse and harassment.
- Rights and responsibilities.
- How to respond and protect myself from sexual abuse or harassment.
- How to report sexual abuse and harassment.
- What will the agency do after a report of sexual abuse or harassment.
- I have the right to be free from sexual assault and harassment.
- I am free from retaliation for reporting.
- Zero tolerance policy for sexual abuse and harassment.

Residents and staff signed and dated the form.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this

provision.

115.333 (f)

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through poster, resident handbooks, or other written formats.

Review of Documents:

Pre-Audit Questionnaire: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats, facility reported yes.

SCDJJ Policy 500 Detention Center Admissions Section E: Each facility will maintain documentation of juveniles' participation in the education sessions and will ensure that key information and readily available or visible to juveniles through posters, resident handbooks, or other written formats.

Documentation review of posters, handbooks, flyers and confirmed that PREA continuously and readily available and observed throughout the facilities.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the site review, the auditor observes posted and other printed signage throughout the facility. Signage includes the Auditor Notices, how to report sexual abuse and sexual harassment, access to outside victim emotional support services.

Observation of the posters and signage were easily readable. The signage language was clear, and easy to understand, and at an appropriate reading level for the residents, this was confirmed by the PREA coordinator agency who approved the development of the posters and other signages.

The signage was provided in English and Spanish, the text size, formatting, and physical placement accommodates most readers, including those of average height, low vision or those physical disabled/in a wheelchair have access.

The information provided by the posters and other signage is not obscured, unreadable by graffiti, or missing due to damage such as ripped off pieces. The posters and flyers consist throughout the facility with the PREA reporting number and the emotional supports services number and mail address.

During the site visit, the auditor observes PREA posters and/or signage information that is assessable to staff, visitors, contractors, family members in the visitation areas, administrative areas, medical, dining area, classrooms, and housing unit control areas.

Informal conversation with residents indicated while most youth were not on grade level, most confirmed that the PREA related information, information regarding how to obtain emotional services, and methods to initiate a third-party report of an event

	of sexual abuse or sexual harassment determined that the language was understandable and, on an age-appropriate reading level. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.334	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336 – Application of the PREA Standards • SCDJJ Policy 241 Staff Development and Training Requirements and Services • National Institute of Corrections (NIC) online training “PREA: Investigating Sexual Abuse in a Confinement Setting” • Copies of the facility Administrator Investigations NIC Training • Specialized Training Develop by the Moss Group • Specialized Training • Investigative Staff **Reasoning and Analysis (By Provisions)** **115.334 (a)** In addition to the general training provided to all employees pursuant to standard 115.331, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. **Review of Documents:**

Pre-Audit Questionnaire: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings? Facility reported yes.

SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section C., Training Requirements, Subsection 1, (effective 5/6/2021), page 1, All staff/employees will receive instruction related to the statutory law and policy concerning Sexual violence, staff sexual harassment, and staff sexual misconduct and the prevention, detection, reporting, and investigation of such. Employees will receive this information as part of new employee orientation, consistent with SCDJJ Policy 241, Staff Development and Training Requirements and Services. Staff Development and Training will provide additional training as part of the annual employee training course and will place a course containing this information on its annual training calendar.

SCDJJ Policy 241 Staff Development and Training Requirements and Services Section C.2: In addition to the general training provided to all employees, all certified investigators, criminal and administrative, will successfully complete training in conducting sexual abuse and sexual harassment investigations in confinement settings. This training will include all required criteria specified in the PREA Youth Facility Standard.

A review of documentation indicated that agency/facility investigators complete the required annual employee training.

Investigative Staff – Q: 1, 2

Captain of Investigations: Did you receive training specific to conducting sexual abuse and sexual harassment investigations? Yes, the investigation's unit to include criminal and administrative investigators has received a series of trainings on conducting investigations in sexual related incidents. The most recent specialized training on Investigating Sexual Abuse in a Confinement Setting was held in November of 2024.

Captain of Investigations: If yes, describe it briefly? The training was conducted in person and included lectures, scenario-based training, and questions and response. The training covered topics such as: Investigative standards, Dynamic of Sexual Abuse, First Responder and Evidence, Trauma informed, Interviewing Sexual Abuse Survivors, and Coordinating Administrative and Criminal Investigations.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this

provision.

115.334 (b)

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

Review of Documents:

Pre-Audit Questionnaire: Does this specialized training include techniques for interviewing juvenile sexual abuse victims? Facility reported yes.

A review of the National Institute of Corrections (NIC) online training “PREA: Investigating Sexual Abuse in a Confinement Setting” includes the following topics:

- Initial Response
- Investigation
- Determination of the Findings
- A Coordinated Response
- Sexual Assault Response Team
- A Systemic Approach
- How Sexual Abuse Investigations Are Different
- How Investigations in Confinement Settings Are Different
- Criteria for Administrative Action
- Criteria for Criminal Prosecution
- Report Writing Requirements of an Administrative Report
- Requirements for an Administrative Report
- Requirements for a Criminal Report
- The Importance of Accurate Reporting
- Miranda and Garrity Requirement
- Miranda Warning Considerations
- Garrity Warning Considerations
- The Importance of Miranda and Garrity Warnings
- Medical and Mental Health Practitioner’s Role in Investigations
- PREA Standards for Forensic Medical Examinations

A review of 12 NIC Certificate of Completions for Online PREA: Investigating Sexual Abuse in a Confinement Setting-Advanced Investigations confirmed the acknowledgement of investigators completing the required training. This information is on the Investigator SCEIS Employee Training Transcript.

A review of the Specialized Training Develop by The Moss Group & PREA Resource Center include the following:

- Module #1: Investigating Sexual Abuse in Correctional Settings
- Module #2: Legal Issues and Agency Liability: Guidance for the Field
- Module #3: Investigations and Agency Culture

- Module #4: Trauma and Victim Response- Considerations for the Investigative Process
- Module #5: Role of Medical and Mental Health Practitioners in Investigations
- Module #6: First Response and Evidence Collection: The Foundation for Successful Investigations
- Module #7: Interviewing Juvenile Sexual Abuse Victims
- Module #8: Reporting Writing
- Module #9: Prosecutorial Collaboration

The auditor reviews the Facility PREA Training (SAP Success Factors System) SCDJJ: SCEIS Employee Training Transcript * Note – SCDJJ uses contact hours. The Training Transcripts documented that E-learning employees completed the required "PREA 101" and used this as their signature or electronic proof of completion.

Investigative Staff – Q: 3

Captain of Investigations: Did the training topics include:

- Techniques for interviewing juvenile sexual abuse victims?
- Proper use of Miranda and Garrity warnings?
- Sexual abuse evidence collection in confinement settings?
- The criteria and evidence required to substantiate a case for administrative or prosecution referral.

Yes, this training included all the listed topics as well as the importance of proper documentation.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.334 (c)

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

Review of Documents:

Pre-Audit Questionnaire: The agency maintains documentation showing that investigators have completed the required training, and the facility reported yes.

Pre-Audit Questionnaire: the number of investigators currently employed who have

	completed the required training, facility reported 12. The auditor also reviewed the PREA Compliance Investigator's Certificate of Completion of the Specialized Investigation Training from National Institute of Corrections Training titled "PREA: Investigating Sexual Abuse in a Confinement Setting". **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.334 (d)** Any State entity or Department of Justice component that investigates sexual abuse in juvenile confinement settings shall provide such training to its agents and investigators who conduct such investigations. **Review of Documents:** Pre-Audit Questionnaire: Auditor is not required to audit this provision. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** Auditor is not required to audit this provision. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336 – Application of the PREA Standards • SCDJJ Policy 241 Staff Development and Training Requirements and Services • PREA Medical and Mental Health Staff Certificate of Completion • Medical and Mental Health Staff **Reasoning and Analysis (By Provisions)** **115.335 (a)** The agency shall ensure that all full and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: • How to detect and assess signs of sexual abuse and sexual harassment. • How to preserve physical evidence of sexual abuse. • How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. **Review of Documents:** Pre-Audit Questionnaire: The number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy, facility reported 28. SCDJJ Policy 336 – Application of the PREA Standards section C.4 consistent with PREA Standard 115.335, all medication and mental health (social workers, psychologists) personnel will receive specialized training on the identified items prescribed in standard 115.335 (a) through (d). Such training will be renewed every two years with documentation placed in the employees' file. SCDJJ Policy 241 Staff Development and Training Requirements and Services Section C.3: Medical and mental health practitioners who work regularly at SCDJJ facilities will be provided and will successfully complete specialized training identified in the PREA Youth Facility Standards. Medical and mental health staff full and part-time completes the National Institute of Corrections (NIC) online training Specialized training: Medical and mental health care includes the following topics: Detecting, Assessing, and Responding to Sexual Abuse and Harassment, Sexual Abuse in Confinement Settings, The Dynamics and Effects of Sexual Abuse, Your Role in Responding to Sexual Abuse Incidents,

Preserving Physical Evidence of Sexual Abuse, Reporting Allegations and Suspicions, High-Risk residents, Effects of Sexual Abuse, Trauma and the Brain, Rape Trauma Syndrome, SART, Medical Screening, 115.21 Evidence protocol and forensic medical examinations, 115.35 Special training: Medical and mental health care, 115.61 Staff and agency reporting duties, 115.65 Mandates a Coordinated Response to Sexual Abuse Incidents, 115.81 Medical and mental health screenings; history of sexual abuse, 115.82 Access to emergency medical and mental health services, 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

The auditor reviews the Facility PREA Training (SAP Success Factors System) SCDJJ: SCEIS Employee Training Transcript * Note – SCDJJ uses contact hours. The Training Transcripts documented that E-learning employees completed the required “PREA 101” and used this as their signature or electronic proof of completion.

The auditor also reviewed facility PREA Medical and Mental Health Staff Certificate of Completion of the Specialized Medical and Mental Specialized Training from National Institute of Corrections Training titled “PREA: Investigating Sexual Abuse in a Confinement Setting”.

Medical and Mental Health Staff – Q: 2

Medical and Mental Health Staff: Have you received any other specialized training regarding sexual abuse and sexual harassment? If so, can you describe it? Did the training cover topics such as:

- How to detect and assess signs of sexual abuse and sexual harassment.
- How to preserve physical evidence of sexual abuse.
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?

Staff indicated yes, additional PREA training was given to them during onboarding and annual PREA training. These topics are also included as a part of the mandatory nurse competencies.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.335 (b)

	If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. **Review of Documents:** Pre-Audit Questionnaire: Agency medical staff at this facility conduct forensic medical exams, facility reported no. Documentation review indicated that medical staff do not conduct forensic examinations. If a resident needs a forensic examination, they would be transported to the assigned local hospital emergency room. **Medical and Mental Health Staff – Q: 1** Medical and Mental Health Staff: If you conduct forensic examinations, are you qualified, and have you received the appropriate training in conducting forensic examinations? No, not qualified to conduct forensic examinations. Residents are sent to the local hospital. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.335 (C)** The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. **Review of Documents:** Pre-Audit Questionnaire: The agency maintains documentation showing that medical and mental health practitioners have completed the required training, and the facility reported yes. During documentation review, the auditor reviewed staff training rosters as electronic verifications as a part of their SCEIS Training Transcript. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:**

	An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.335 (d)** Medical and mental health care practitioners shall also receive the training mandated for employees under standard 115.331 or for contractors and volunteers under standard 115.32, depending upon the practitioner's status at the agency. **Review of Documents:** Pre-Audit Questionnaire: Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by 115.331, facility reported yes. All employees, juvenile, contractors, interns, and volunteers, to include contracted facilities, will receive training on SCDJJ Policy 321, Prevention of Sexual Offences towards Juveniles, which establishes the Agency's zero tolerance for sexual abuse and sexual harassment of juveniles, Contractor Conduct Agreement (Form 213A), or Policy 914, Volunteer Services. SCDJJ will provide employees a refresher training regarding these standards every two years to ensure that all employees know the Agency's current sexual abuse and sexual harassment policies and procedures. Documentation of this training will be placed in the employee's file. The auditor reviews the Facility PREA Training (SAP Success Factors System) SCDJJ: SCEIS Employee Training Transcript * Note – SCDJJ uses contact hours. The Training Transcripts documented that E-learning employees completed the required "PREA 101" and used this as their signature or electronic proof of completion. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336 – Application of the PREA Standards • SCDJJ Policy 500 Detention Center Admissions • PREA Screening Application "Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression Screening Instrument) • Vulnerability to Victimization / Sexual Aggression Screening (VVSAS) • Facility Housing Re-Assignments/Review Form • Facility Housing Determination Form • Resident Data Spreadsheet • Site Review • Staff Responsible for Risk Screening • Resident Interview Questionnaire • PREA Coordinator • PREA Compliance Manager **Reasoning and Analysis (By Provisions)** **115.341 (a)** Within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident. **Review of Documents:** Pre-Audit Questionnaire: The agency has a policy that requires screening for risk of sexual abuse victimization or sexual abusiveness toward other residents, facility reported yes. Pre-Audit Questionnaire Indicated: The number of residents entering the facility within the past 12 months whose length of stay in the facility was 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents with 72 hours of entry into the facility, facility did not report. SCDJJ Policy 336 – Application of the PREA Standards section D.1, all youth will be screened by an intake officer and a clinical practitioner for risk of vulnerability/abusiveness consistent with the PREA Youth Facility Standards requirements within 72 hours of arrival at each facility and before placement decisions and assignments are made. All secure facilities will use the Vulnerability to Victimization or Sexual Aggression Screening (VVSAS) Instrument (form 321D) provided.

	The auditor reviews the agency/facility Youth Intake Form/Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) that included on the top of the first page “Intake section page 1 -3, must be completed within 1 hour of arrival by the assigned intake staff: VVSAS must be completed within 72 hours by the clinical staff. The auditor reviewed 54 Youth Intake Form/Vulnerability to Victimization of Sexual Aggression Screener (VVSAS) for compliance with the provision. To determine the resident periodical reassessment throughout confinement, the auditor reviews the agency/facility “Facility Housing Determination Form” as a second reassessment process. The form clearly states that (to be completed using information on the juveniles Vulnerability to Victimization or Sexual Aggression Screener (VVAS). This form included Facility Housing Determination results. The results are Vulnerability of Victimization; Sexually Aggressive; or Violent Aggressive. The risk level included High, Moderate or Low. The auditor reviewed 20 Facility Housing Determination Form for compliance with the provision. **Staff Responsible for Risk Screening – Q: 1, 2, 5, 6 / Resident Interview Questionnaire – Q: 7** Staff Responsible for Risk Screenings: Do you screen residents upon admission to your facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness forward other residents? Yes, this information is recorded in the Vulnerability to Victimization or Sexual Abuse Screener (VVSAS) tool. Intake staff are responsible for completing pages 1 t 3 within 24 hours. Meanwhile, clinical staff will complete the remaining pages within 72 hours of the residents’ arrival at the facility. Staff Responsible for Risk Screenings: Do you screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 of their intakes? Yes, this information is documented in Vulnerability to Victimization or Sexual Abuse Screener. According to policy, it must be completed by Intake staff within 24 hours and by clinical staff within 72 hours of a residents’ admission to a facility. Sixteen random residents were interviewed by the auditor’s non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. Interviewed residents came to the facility within the past 12 months corroborate that when they first came to the facility, they were asked about whether they had been in jail or prison before, have ever been sexually abused, identify as being gay, lesbian, or bisexual, and if they think they might be in danger of sexual abuse at this facility. All reported they recall being asked these questions in intake during the first day. Has the staff ever asked you these types of questions again while you have been here? When asked, they said when they see their social worker. Staff Responsible for Risk Screenings: How is this information ascertained? The Intake part of the screening is a combination of the residents’ information in the system along with conversation with the residents. The clinical staff complete the

	screening by reviewing medical and mental health records, court records, case files, and other relevant documentations. Staff Responsible for Risk Screenings: How often are resident's risk levels reassessed? The residents are reassessed periodically during their stay at the facility. However, the facility can reassess if a youth is a victim or perpetrator in an incident within the facility. The facility conducts reassessments weekly using the SCDJJ Facility Housing Determination Form. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversations with the PREA compliance manager confirmed that the clinical staff conducts the residents risk screening assessments/ Vulnerability to Victimization or Sexual Aggression Screener (VVSAS). This was confirmed during the facility tour by informal conversation with the medical staff. During the facility site review the clinical staff were asked to demonstrate the risk assessment process by walking the auditor through the process. Staff indicated that the screening is conducted in the office to ensure the residents' privacy as possible given the potentially sensitive information that could be discussed. The auditor received a copy of the assessment tool and reviewed the questions with the staff. The questions were discussed in a manner that the residents could understand and fosters comfort and an elicit response. Staff that were walking through the auditor through the process use the required instrument to collect information. There were questions on the assessment that ask residents about their sexual orientation and gender identity. The assessment also had additional sources of information to complete the initial risk assessment. This risk screening instrument has a scoring or rating system. **Corrective Action: Required** Periodically Throughout A Resident's Confinement The auditor reviewed the Resident Documentation Review Data Sheet. Of the 55 residents of the sheet, 32 had a reassessment date which was the same day or within three to four days after the initial PREA assessments. The concern is how are the agency/facility defining "periodically" timeframe. **Corrective Action (s):** To address the audit finding regarding the lack of a clearly defined timeframe for conducting periodic PREA reassessments, the facility has established a standardized process to ensure all residents receive timely reassessments and that the term "periodically" is clearly defined.

	Effective immediately, the clinical team will complete a PREA risk screening assessment at the following intervals: • At intake upon admission to the facility. • Following any PREA-related incident, whether the youth is identified as a victim or alleged perpetrator, to assess for any changes in vulnerability or risk. • Bi-annually for all residents, with comprehensive reassessments conducted each July and December for every youth currently in residence. This process ensures that all residents receive a PREA reassessment at least every six months and provides a clearly defined and consistently applied timeframe for periodic reassessments. The biannual review schedule also allows the facility to identify any changes in risk factors, housing needs, programming considerations, or supervision requirements that may impact resident safety. Clinical leadership will monitor compliance with the established reassessment schedule through routine documentation reviews to ensure all required assessments are completed in a timely manner and in accordance with PREA standards. This corrective action addresses the auditor's concern regarding the definition of "periodically" and establishes a uniform reassessment process for all residents. **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.341 (b)** Such assessments shall be conducted using an objective screening instrument. **Review of Documents:** Pre-Audit Questionnaire: Risk assessment is conducted using an objective screening instrument, facility reported yes. SCDJJ Policy 336 – Application of the PREA Standards section D.1, All secure facilities will use the Vulnerability to Victimization or Sexual Aggression Screening (VVSAS) Instrument (form 321D) provided. A documentation review of 33 residents was randomly selected by the PREA Auditor from the resident’s roster with SCDJJ, name, date assigned to facility, current housing, and bed assignments. The selected information was placed on a spreadsheet that included race, arrival date year, initial PREA screening date and reassessment date. The method the auditor uses to select the random residents was counted every six or seventh person per page. Copies of the individual documentation for each resident’s assessments were reviewed and uploaded into the PREA system. 5 released and 2 transferred.

A review of the residents' spreadsheet confirmed that these residents received the initial PREA screenings. Of the 54 residents, all were within the required 72 hours.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Review site review in provision (a)

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.341 (c)

At a minimum, the agency shall attempt to ascertain information about:

- Prior sexual victimization or abusiveness.
- Current changes and offense history.
- Age.
- Level of emotional and cognitive development.
- Physical size and stature.
- Mental illness or mental disabilities.
- Intellectual or developmental disabilities.
- Physical disabilities.
- The residents own perception of vulnerability; and
- Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

Review of Documents:

Pre-Audit Questionnaire: During these PREA assessments, at a minimum, does the agency attempt to ascertain information about prior sexual victimization or abusiveness facility reported yes.

SCDJJ Policy 500 Detention Center Admissions Section D. (a) The Intake process will determine a juvenile's vulnerability to sexual violence as indicated by the following risk factors:

- Prior sexual victimization or abusiveness.
- Ang gender non-conforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex and whether the juvenile may be vulnerable to sexual abuse.
- Current charges and offense history.
- Age.

	• Level of emotional and cognitive development. • Physical size and stature. • Mental illness or disabilities. • Intellectual or developmental disabilities. • Physical disabilities. • The juvenile's own perception of vulnerability. • Any other specific information about individual juveniles ascertained through conversations with the juvenile during the intake process and medical and mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavior logs, and other relevant documentation from the juvenile's file. A review of the Vulnerability to Victimization / Sexual Aggression Screening (VVSAS) indicated the following information: • Juvenile Demographics (Age, Race, Ethnicity, Height, Weight and Stature) • Alerts (• Basic Medical/Mental Health Information • Sexual Orientation, Gender Identity and Expression (SOGIE) Assessment • Sex Assigned at Birth • Preferred Gender Pronouns • Gender Expression (Masculine, Feminine, Other Self-Identified Gender Expression) • Vulnerability to Victimization or Sexual Abuse Screener (VVSAS) • Age of the Youth • Experience in Institution • Social Skills • Juvenile's Perception of Risk • History of Victimization • Offense Type • Violent Offense • Mental Health/Intellectual Impairment • VVSAS Scoring o Vulnerability to Victimization o Sexually Aggressive Behavior o Violently Aggressive Behavior • Overall Risk Score A review of the PREA Risk Screening Guide (PREA Screening Application "Vulnerability Assessment: Risk of Victimization and/or Sexual Aggression screening instrument) gives instructions on scoring. The score results are displayed at the bottom right, indicating the offender's level of risk. The tool asks open and closed ended questions, along with a variety of questions that address victimization and abusiveness. A review of 56 initial assessments and reassessments confirmed that all residents are screen using the PREA Screening Application "Vulnerability Assessment: Risk of Victimization and//or Sexual Aggression Screening Instrument.

Staff Responsible for Risk Screening – Q: 3

Staff Responsible for Risk Screenings: What does the initial risk screening consider? Vulnerability to Victimization or Sexual Abuse Screener (Form 321D) is used to assess youth for risk of victimization or sexual abuse. The following criteria are considered: age f youth, youth's experience in institution, social skills, perception of risk, history of victimization, offense type, history of violent offenses, mental health/ intellectual impairment, lack of fit (features of the youth's physical appearance, features of the youths presentation of observable behaviors, and features of a youth which make him/her stand out.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Review site review in provision (a).

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.341 (d)

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

Review of Documents:

Pre-Audit Questionnaire: Is this information ascertained through conversations with the residents during the intake process and medical mental health screenings, facility reported yes.

An analysis of the Screening for Vulnerability to Victimization or Sexual Aggression Screeners instrument, determined all factors required by this provision of the standard are included. Informal staff conversations confirmed they are aware of the elements of the risk screening instrument.

The auditor reviews the paper and computerized PREA screening tool. The tool has a total of 24 questions. The questions that meet the criteria for assessment are as follows:

A review of the Vulnerability to Victimization / Sexual Aggression Screening (VVSAS) indicated the following information:

- Juvenile Demographics (Age, Race, Ethnicity, Height, Weight and Stature)
- Alerts (
- Basic Medical/Mental Health Information
- Sexual Orientation, Gender Identity and Expression (SOGIE) Assessment
- Sex Assigned at Birth
- Preferred Gender Pronouns
- Vulnerability to Victimization or Sexual Abuse Screener (VVSAS)
- Age of the Youth
- Experience in Institution
- Social Skills
- Juvenile's Perception of Risk
- History of Victimization
- Offense Type
- Violent Offense
- Mental Health/Intellectual Impairment
- VVSAS Scoring
  - Vulnerability to Victimization
  - Sexually Aggressive Behavior
  - Violently Aggressive Behavior
- Overall Risk Score

Staff Responsibilities for Risk Screening – Q: 5

Staff Responsible for Risk Screenings: How is this information ascertained? The Intake part of the screening is a combination of the residents' information in the system along with conversation with the residents. The clinical staff complete the screening by reviewing medical and mental health records, court records, case files, and other relevant documentations.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Review site review in provision (a)

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.341 (e)

The agency shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

	Review of Documents: Pre-Audit Questionnaire: 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 residents' detriment by staff or other residents, facility reported yes. SCDJJ Policy 241 Staff Development and Training Requirements and Services Section F: Dissemination of responses to questions in the screening within the facility is strictly limited o medical and mental practitioners and, as necessary, to inform treatment plans and security and management decisions, including housing, bed, education, and program assignments in order to ensure that sensitive information is not exploited to the youth's detriment by staff or other youth and that all youth are kept safe and free from sexual abuse. Completed screening documents will be retained in the youth's file and restricted to those authorized to access youth records. The agency/facility has several record storage areas. Each storage area was enclosed in rooms with locking doors and file cabinets. According to medical staff, access to records stored on the electronic platform is limited to medical and mental health staff, management, and staff with a role or responsibility related to sensitive information. Personally Identifiable Information (PII) is strictly limited to select group of staff. Electronic safeguards include password protection and role-based security responsibilities. **PREA Coordinator – Q: 4 / PREA Compliance Manager – Q: 6 / Staff Responsible for Risk Screening – Q: 7** The PREA Coordinator confirmed that the agency has outlined who should have access to residents' risk assessment within the facilities in order to protect sensitive information from exploitation. The staff included medical, mental health, PREA compliance manager, PREA Coordinator, PREA Specialist, Security Management, and a need-to-know basis. Staff Responsible for Risk Screenings: Has the agency outlined who can have access to a residents' risk assessment within the facility, in order to protect sensitive information from exploitation? Information shared is on a need-to-know basis. The agency also has a confidential policy that addresses sharing of personal or confidential information that all employees must adhere to. Facility PREA Compliance Manager: Yes, SCDJJ specifies that only authorized staff—such as medical, mental health, security supervisors, classification personnel, and the PREA compliance manager—may access a resident's risk assessment. These records are securely stored in a locked file cabinet in the PREA compliance manager's office, with computer access password protected and granted strictly on a need-to-know basis. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

	During the site review tour the auditor observed where the physical storage area of information/documentation collected and maintained in hard copy pursuant to the PREA standards to determine if the areas are secured. The areas were: • Vulnerability to Victimization or Sexual Aggression Screener (VVSAS) /Risk screening information – lock and key, electronic safeguards as passwords, informal conversation, who has access. • Medical Records – lock and key, electronic safeguards as passwords, informal conversation, who has access. • Sexual Abuse Allegations/Cases – lock and key, electronic safeguards as passwords, informal conversation, who has access. • Institutional Files – lock and key, electronic safeguards as passwords, informal conversation, who has access. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.342	**Placement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • SCDJJ Policy 512 Classification System for Housing in Secure Facilities • SCDJJ Policy 500 Detention Center Admissions • Site Review

- Facility Housing Re-Assignments/Review Form
- Facility Housing Determination Form
- SCDJJ Form 505A Housing Classification Scorecard
- PREA Compliance Manager
- Staff Responsible for Risk Screening
- Facility Administrator/Designee
- Staff who Supervise Residents in Isolation
- Medical and Mental Health Staff
- Residents in Isolation (for risk of sexual victimization/who alleged to have suffered sexual abuse)
- PREA Coordinator

Reasoning and Analysis (By Provisions)

115.342 (a)

The agency shall use information from the risk screening required by standard 115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Review of Documents:

Pre-Audit Questionnaire: The agency/facility uses information from the risk screening required by 115.341 to inform housing, bed, work, education and program assignments with the goal of keeping all residents safe and free from sexual abuse, facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section D.2 – Each facility's multidisciplinary team will use the information obtained from the screening tool for vulnerability/abusiveness to help determine each juvenile's housing, bed, program, education, and work assignment. Determinations for housing of juveniles will be documented on the Facility Housing Determination Form 321G, and reviews will be documented on the Facility Housing Re-Assignment /Review form 321H. SC DJJ policy 321, Prevention of Sexual Offenses towards Juveniles; SCDJJ Policy 503, Long Team Facility Admissions; SCDJJ Policy 501, Evaluation Center Intake Operational Process; and SCDJJ Policy 500, Detention Center Admissions.

SCDJJ Policy 512 Classification System for Housing in Secure Facilities Section A.1-18: The following housing assignment factors will be considered when determining the most suitable program, unit, and room assignment for each juvenile:

- Seriousness and nature of current offense (e.g., offense category). Facts of the case (e.g., plead down from original offense).
- Offense History.
- Escape or runaway history.
- Alert/Separation/Caution requirements and/or notices and the nature of such.
- Proximity to hostile co-defendants or peers, or victims of record.

	• Documented history of assaultive/aggressive/sexually aggressive behavior in any environment. • Documented history of victimization/sexual vulnerability by peers or others. • Age. • Physical stature (e.g. height, weight). • Intellectual functioning (e.g., intellectual disability or Intellectual development disorder). • Emotional and mental stability (e.g., seriously mentally ill). • Documented history of self-destructive behavior. • Physical disabilities, handicaps, and/or special needs or accommodations. • Adjustment in the evaluation center and prior custodial and residential placements. • Peer Gang-Related Indicators. • Treatment needs as identified by the clinical professionals and multidisciplinary team (e.g. substance abuse problems, and sex offender specific services). • Juvenile's home (Geographical Region). • Any other factors relevant to reducing the probability of assault, disruptive behavior, or possible victimization of the juvenile. The auditor reviewed 56 Youth Intake Form/Vulnerability to Victimization of Sexual Aggression Screener (VVSAS) for compliance with this provision. To determine the resident periodical reassessment throughout confinement, the auditor reviews the agency/facility "Facility Housing Re-Assignment/Review Form', the form clearly states "to be completed using information on the juveniles Vulnerability to Victimization or Sexual Aggression Screener (VVAS). This form included re-assignments/review results. The results are Vulnerability of Victimization; Sexually Aggressive; or Violent Aggressive. The risk level included High, Moderate or Low. The auditor reviewed 20 Facility Housing Re-Assignments/Review Form for compliance with this provision. To determine the resident periodical reassessment throughout confinement, the auditor reviews the agency/facility "Facility Housing Determination Form" as a second reassessment process. The form clearly states that (to be completed using information on the juveniles Vulnerability to Victimization or Sexual Aggression Screener (VVAS). This form included Facility Housing Determination results. The results are Vulnerability of Victimization; Sexually Aggressive; or Violent Aggressive. The risk level included High, Moderate or Low. The auditor reviewed 20 Facility Housing Determination Form for compliance with this provision. By examining the Youth Intake Form/Vulnerability to Victimization of Sexual Aggression Screener (VVSAS); Facility Housing Determination Form; Facility Housing Re-Assignment/Review Form', and Housing Request Form (Move Slip 79), the auditor determined that SCDJJ uses information from the risk screening required by 115.341 to inform housing, bed, work, education, and program assignments with the goal of

keeping all residents safe and free from sexual abuse. The above forms outline how decisions are made following this provision.

PREA Compliance Manager – Q: 5 / Staff Responsible for Risk Screening – Q: 8

Staff Responsible for Risk Screenings: How does the agency/facility use information from the risk screening during intake to keep residents safe and free from sexual abuse and sexual harassment? The information is utilized to make housing/room assignments to ensure that safety of all youth. Information also may be conveyed to ensure the safety of residents attending school, programs and recreation activities.

Facility PREA Compliance Manager: The facility conducts VVSAS risk screening at intake, covering factors such as prior victimization, sexual orientation, gender identity, and other vulnerabilities. This data informs housing and supervision decisions. Intake staff collaborate with clinical, classification, and security teams to review results and make individualized choices to better prevent sexual abuse.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

The facility uses PREA information to make determinations for all residents regarding housing, bed, work, education, and program assignments. The information is used to maintain separation between residents at risk of being sexually victimized and residents likely to commit sexual abuse. The facility's physical layout is also considered in the determinations of housing. The auditor confirmed the physical layout during the facility tour and reviewed the facility layout in the staffing plan.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.342 (b)

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

Review of Documents:

	Pre-Audit Questionnaire: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged, facility reported yes. Pre-Audit Questionnaire Indicated: The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months, facility reported 0. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and /or legally required education or special education services in the past 12 months, facility reported 0. The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months, facility did not report. SCDJJ Policy 336, Application of the PREA Standards Section D.3, consistent with SCDJJ Policy 323, Isolation of Youth, juveniles may be placed in isolation only as a last resort, when less restrictive measures of protection are not available and then only until an alternative means of keeping all youth safe can be arranged. SCDJJ Policy 500 Detention Center Admissions Section D. (a), Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged. The auditor requested a list of residents placed in isolated from others as a last resort when less restrictive measures are inadequate to them and to keep residents safe, the facility did not have any residents that met this category during the audit period as it relates to PREA. Facility Administrator/Designee – Q: 11, 12 / Staff who Supervise Residents in Isolation – Q: 1, 2, 3, 4, / Medical and Mental Health Staff – Q: 19 / Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – Q: 1, 2, 3 Facility Administrator: Are residents only isolated from others 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, Isolation is a last resort when less restrictive measures are inadequate. It is temporary and monitored closely. Facility Administrator: How long, ordinarily, are residents placed in isolation? Isolation is used only until a safe alternative is arranged for typically less than 72 hours. Management aims to minimize duration while ensuring safety. Staff who Supervise Residents in Isolation: If residents are isolated for protection from sexual abuse, they would retain access to programs, privileges, education/

special education, and work opportunities. Staff reported that no residents have been placed in isolation for this reason so far.

Staff who Supervise Residents in Isolation: Are residents placed involuntary isolation only until another separation option is available? Yes, no residents have been kept in involuntary isolation beyond this point.

Staff who Supervise Residents in Isolation: Do residents in isolation receive visits from medical/mental health clinicians? Yes.

Medical and Mental Health Staff: Do residents placed in isolation receive visits from medical or mental health care clinicians? Do all residents in isolation receive these visits? How often do they receive these visits? Yes, all residents in isolation receive medical and mental health care visits. The rounds are conducted daily.

Residents in Isolation: While you were in isolation or segregation (meaning when you were separated from other residents) were you able to: Go to Programs, Classes, Work and have other privileges? There were no residents in this category to respond.

Residents in Isolation: Did you receive daily visits from a doctor? There were no residents in his category to respond.

Residents in Isolation: About how many days or months where you held in isolation? There were no residents in his category to respond.

Residents in Isolation: After you were placed in isolation, do you know if there were any meetings to review whether you needed to be kept there? There were no residents in this category to respond.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility tour, informal conversations with the staff and the PREA compliance manager indicated that if they have residents in any type of isolation, they are not denying daily large-muscle exercise and any legally required educational programming or special education services.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.
115.342 (c) non-applicable

115.342 (d) non-applicable

115.342 (e) non-applicable

115.342 (f) non-applicable

115.342 (g) non-applicable

115.342 (h)

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

Review of Documents:

Pre-Audit Questionnaire: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include both: A statement of the basis for facility's concern for the resident's safety, and the reason or reasons why alternative means of separation cannot be arranged, facility did not report.

SCDJJ Policy 323 Isolation of Youth, Section D. Isolation Use:

1- If a youth poses a serious and immediate danger to self or others and employees have made reasonable efforts to attempt and exhaust de-escalation strategies, the Juvenile Correctional Office (JCO) or other employee recommending isolation:

- Must obtain authorization from the Shift Supervisor before placing youth in isolation; a
- If prior authorization is not reasonably possible, the JOC must notify the Shift Supervisor as soon as possible but no later than 10 minutes of a youth being placed in isolation.

2- When the decision is made to place a youth in isolation, the Shift Supervisor will immediately notify the Facility Administrator (FA) or Assistant Facility Administrator (AFA) and seek approval and authorization via phone and/or email to place or keep the youth in isolation.

3- The Shift Supervisor or designee must document the commencement of the youth's isolation on Form, Youth Isolation Commencement and Release Form.

4- Upon placing the youth in isolation, employees must:

- Advise the youth of the reason for isolation, even if the youth may not be in an emotional state to understand what employees are saying at that time.
- Advise the youth of the specific behavior necessary for release from isolation.

5- Employees shall not isolate a youth for a predetermined time.

8- The JCO or involved staff will document the incident that led to use of isolation in the SCDJJ Event Report System (ERS) per SCDJJ Policy 326, Reporting Events, and submit it by the end of the shirt. The Shift Supervisor will ensure that the report is complete. Documentation of isolation will identify with specificity:

- What youth action created a serious and immediate danger to self or others

necessitating the use of isolation, and

- What less restrictive techniques an officer used prior to using isolation.

12- Employee will document observations and interventions of Form 323B, Youth Isolation Check Log or if the electronic Youth Activity Management System (YAMS) is in use at the facility, using YAMS application. If YAMS is in us at the facility but not functioning, employees must use the paper system (Youth Isolation Check Log) as a back-up.

SCDJJ Policy 321, Prevention of Sexual Offenses toward Youth, Section G. Youth Supervision and Security Practices, subsection 3., (effective 5/6/2021), page 8, indicates that youth will be assigned to isolation/segregation only as a last resort. Security practices will be consistent with DCDJJ Policy 323, Isolation of Youth, when housed in isolation. If a youth is isolated from other youth, the Facility Multidisciplinary Team will document the basis for concern for the youth's safety and the reason no other alternative means of separation could be arranged. The Multidisciplinary Team will meet at least every 30 days to review all youth assigned to isolation/segregation and determine the need for continued isolation/segregation.

The Auditor requested for the past 12 months a list of Target residents that was placed in isolation. A list of 18 residents was provided. Of the 18, 0 were PREA related. However, to ensure the process, the auditor reviews the following documentation.

- Youth Isolation Commencement and Release Form reviewed for 15 residents.
- SCDJJ Event Report System (ERS) Documents for 15 residents.
- From 323B, Youth Isolation Check Log or electronic Youth Activity Management System (YAMS) for 15 Residents.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

The auditor toured all areas of the facility, including rooms that were identified as isolation. These youth may be confined to their rooms but were allowed to participate in educational programming and physical exercises. None of the youth were placed in restricted conditions due to the risk of sexual victimization.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.342 (i)

Every 30 days, the facility shall afford each resident described in paragraph (h) of this section to determine whether there is a continuing need for separation from the

general population.

Review of Documents:

Pre-Audit Questionnaire Indicated: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population, facility reported yes.

SCDJJ Policy 323 Isolation of Youth, Section E. Isolation Authorization and Review:

1- Within 30 minutes of placing youth in isolation and every 60 minutes thereafter, the Shift Supervisor or designee must do the following:

- Visit and talk to the youth in person;
- Determine whether isolation is currently necessary;
- Along with employees and the youth, identify specific strategies to help the youth exit isolation quickly and safely; and
- Document the specific strategies used on Form 323A, Youth Isolation Commencement and Release Form.

2- Youth will not remain in isolation for longer than four (4) hours, except when approved by security leadership in the chain of commands from Assistant Facility Administrator to Deputy Director.

Staff who Supervise Residents in Isolation – Q: 5 / Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – Q: 4

Staff who Supervise Residents in Isolation: Once a resident is placed in involuntary isolation, does the facility review the resident's circumstances every 30 days to determine if continued placement is involuntary isolation is needed? Yes, however, residents who receive involuntary isolation are placed in the assigned rooms. They are usually there for timeout, but no longer than a day.

Residents in Isolation: After you were placed in isolation, do you know if there were any meetings to review whether you needed to be kept there? There were no residents in this category to respond.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

The auditor toured all areas of the facility, including rooms that were identified as segregated. These youth may be confined to their rooms but were allowed to participate in educational programming and physical exercises. None of the youth were placed in restricted conditions due to the risk of sexual victimization.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as

	interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.351	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • SCDJJ Policy 605 Sick Call Process • SCDJJ Policy 326 Reporting Events • Youth Grievance – Let’s Talk Form • Youth Grievance and Family Support Webpage • Handbook • Event Reporting System • Posters & Flyers • Internal ways to report • External ways to report • Random Sample Staff • Random Resident Interview Questionnaire • PREA Compliance Manager • Residents who Reported Sexual Abuse **Reasoning and Analysis (By Provisions)** **115.351 (a)** The agency shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation, by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. **Review of Documents:** Pre-Audit Questionnaire: Does the agency provide multiple internal ways for

residents to privately report sexual abuse and sexual harassment? facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section E.1, Youth who allege sexual harassment or sexual abuse can report the event (s) in several ways. Youth can report to any employee, volunteer, contractor, or third-party advocate, file a grievance with the Juvenile and Family Relations Department (JFR), fill out a sick call form, or communicate with them through writing or calling a provided child advocacy center.

SCDJJ Policy 605 Sick Call Process Section A.1, Sick call is the process through which a juvenile reports and receives appropriate health care services for a routine (non-emergency) illness or injury. The facility nursing staff will assess and triage sick call requests within 24 hours of the request being made. A face-to-face encounter between the reporting juvenile and a healthcare provider (nurse, nurse practitioner, or physician) will occur within 48 hours (72 hours on weekends).

Sick call requests are mandatory for juvenile involved in the following types of events:

- Any alleged sexual assault.
- Juvenile/Juvenile assaults, fights, horseplay, and inappropriate physical contacts.
- Any staff use of force on juvenile (physical or chemical).
- Any physical restraint of juvenile.

The agency/facility has multiple internal ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff violated their responsibilities that may have contributed to the sexual abuse. Internal ways to report:

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit a grievance or sick call slip.
- Report to the PREA Coordinator or PREA Compliance Manager
- Write an anonymous note

While most youth were not on grade level, most confirmed that the PREA related information, information regarding how to obtain emotional services, and methods to initiate a third-party report of an event of sexual abuse or sexual harassment determined that the language was understandable and, on an age-appropriate reading level.

Random Sample of Staff – Q:7 / Resident Interview Questionnaire – Q:8

Twelve random staff were interviewed by the auditor’s non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. Interviewed staff indicated that the youth could let the officer know or the social worker, file PREA compliance or grievance. Tell family members.

	Seven random residents were interviewed by the auditor's non-certified support staff: The interview included all males using the PRC random sample questionnaire for residents. Among them, Two Whites and Five Blacks. How would you report any sexual abuse or sexual harassment that happened to you or someone else? The interviewed residents stated, report to a trusted staff, nurse or file a grievance, call home, notify a supervisor, call PREA number. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** The auditor observed the facility signage regarding the PREA Audit Notices which were posted throughout the facility and were visible to staff, residents in the facility, and visitors. The notice was posted in the living units, common areas, facility entrance and visitation areas, and staff break areas. The information is provided in English and Spanish and is legible. The auditor observed the facility signage regarding how to report sexual abuse and/ or sexual harassment (external and internal reporting) posted in persons confined in the facility housing/living units, programming areas and visitation area. The information is provided in English and Spanish and is legible. Informal conversation during the tour indicated that residents have access to writing instruments, paper, and forms to report. The auditor observed how mail moves from residents to the facility mailroom. It starts with the resident placing the mail in a lock drop box which was located where residents have access. The drop box is only accessible by designated staff. The auditor tested the facility systems by which residents in the facility can report sexual abuse and/or sexual harassment phones, and internal grievance process or written format. There was also informal conversation regarding where and who received the reports. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.351 (b)** The agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided with information on how to contact relevant consular officials and relevant

officials at the Department of Homeland Security.

Review of Documents:

Pre-Audit Questionnaire: 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? facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section E.1, Youth who allege sexual harassment or sexual abuse can report by filing a grievance with the Juvenile and Family Relations Department (JFR), and/or by writing or calling a provided child advocacy center.

The agency/facility has multiple external ways for residents to privately report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff violated their responsibilities that may have contributed to the sexual abuse. External ways to report:

- Tell a family member, friends, legal counsel, or anyone outside the facility.
- Use the pod phone to dial *7777#
- SCDJJ Division of Investigation Services (DIS) Hotline Poster #1-866-313-0073
- Youth Grievance and Family Support Webpage
- Submit a report on someone else's behalf, or someone at the facility can report for the residents using the PREA reporting methods.
- Write to SLED (PO Box 21398, Columbia, SC 29221
- Write to Pathways to Healing: 3830 Forest Dr. Suite 201, Columbia, SC 29204

Note: All PREA mail will be treated as legal mail.

The agency does not detain residents solely for civil immigration purposes. The resident has committed some infraction of the law or ordinance.

PREA Compliance Manager – Q:8, 9 / Resident Interview Questionnaire – Q: 9, 10

Facility PREA Compliance Manager: Residents can report sexual abuse or harassment to an outside agency by mailing a letter to SLED, treated as legal mail. Access instructions are posted in common areas and explained during intake. Staff assist residents without interference, ensuring privacy for these letters.

Facility PREA Compliance Manager: Do these procedures enable receipt and immediate transmission of resident reports of sexual abuse and sexual harassment to agency officials, which allow the resident to remain anonymous upon request? Describe the entity and procedures. Yes. SLED has a MOU with SCDJJ to investigate and notify the agency of any sexual abuse or sexual harassment allegations.

Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. Is there someone who does not work at this facility that you could report to about sexual abuse or sexual harassment? The residents interviewed indicated the following: Notify mother or

grandmother, brother, case worker, or call home.

Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. Do you know if you are allowed to make reports without having to give your name? Interviewed residents report various responses, yes, you can, if you don't tell your name they won't know who to help, no, I don't know, or I don't know if you can or "you can remain private". The auditor's non-certified support staff informed the residents that they can report any sexual abuse or harassment without giving their names. The report will be investigated by an investigator.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal conversation during the facility tour residents reported the following are ways they can report sexual abuse or sexual harassment to public or private entity. Use the PREA hotline to outside entities, report to a resident, lawyer, a friend or family member to request help. The residents can report to any outside third party.

A review of the SCDJJ Grievance Webpage included the following:

- What happens after I report grievance?

Once your grievance is submitted, our team will review and investigate the matter. We will contact you if additional information is needed. A return phone call is made to anyone who contacts Youth Grievances and Family Support to inform them of actions taken to resolve an issue or address a concern.

- Who can submit a grievance or concern?

Grievances can be submitted by youth under SCDJJ supervision, their family members, advocates, or other individuals acting on their behalf.

- Can I submit anonymously?

Yes, but providing your contact information helps us investigate and respond more effectively

- What if the issue isn't resolved?

If a resolution cannot be reached, additional steps may include mediation or a review by senior staff.

- Will I or a youth be targeted for filing a grievance?

The facility does not house resident solely for civil immigration purposes. However, if they did, the facility would notify any resident detained solely for civil immigration purposes about how they can access immigrant services agencies and provide mailing addresses and regular and toll-free telephone numbers.

Corrective Action: Required

	PREA Phones: Cedar During the facility tour of cedar, the auditor had informal conversations with residents indicated that the residents can only make PREA or any phone calls from 6 p.m. – 7 p.m. Both units within Cedar use one phone at the same hour. (potentially 17 Residents using the phone within that one hour). During the facility tour there were PREA signs and other information posted throughout the facility that had incorrect information. Example – incorrect numbers to the outside support services. Interview and review of the residents' PREA packages found outdated PREA information given to the residents. **Corrective Action (s):** To address the audit finding regarding residents' access to reporting mechanisms, inaccurate PREA postings, and outdated PREA information provided during intake, the facility implemented several corrective actions to strengthen compliance with PREA standards and ensure residents have access to current and accurate reporting information. Resident Access to Reporting Mechanisms To ensure residents have unimpeded access to reporting PREA concerns and other allegations of abuse or harassment, a telephone has been installed in each housing pod, providing residents with continual access to reporting resources without being limited to a specific call period. Additionally, an extra telephone is available in the hallway and may be utilized by residents when they are outside of their housing unit. These measures increase residents' opportunities to access reporting channels and reduce barriers to confidential reporting. PREA Signage and Posted Information To address concerns regarding outdated PREA posters and incorrect contact information for outside reporting resources, all outdated posters and signage were removed from the facility. Updated PREA posters containing current reporting and support service information were posted throughout the housing units and common areas. Recognizing that residents occasionally remove or damage posted materials, staff routinely monitor posted information and replace posters as needed to ensure accurate information remains available. Furthermore, arrangements have been made to install updated PREA information behind protective plexiglass coverings to prevent damage or removal and maintain continuous access to accurate reporting information. Updated Resident PREA Information and Orientation To address concerns regarding outdated PREA information contained within resident intake packets, all outdated brochures and information materials were removed from circulation. Residents now receive current PREA information through the facility's PREA orientation process, which includes both the PREA educational video

	and a live PREA orientation conducted by staff. These measures ensure residents receive accurate and up-to-date information regarding their rights, reporting options, and available support services upon admission to the facility. The facility will continue to monitor resident access to reporting mechanisms, ensure PREA informational materials remain current and visible, and review orientation materials regularly to maintain compliance with PREA standards. (See attached photos) **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.351 (c)** Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. **Review of Documents:** Pre-Audit Questionnaire Indicated: The agency has a policy mandating that staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? facility reported yes. SCDJJ Policy 321 Prevention of Sexual Offenses Toward Youth, Section E., Reporting Procedures, subsection 2b, Employees (5/6/2021), page 4, indicates that all staff will accept reports made verbally, in writing, anonymously, and/or from third parties and promptly document all verbal reports. Staff will not reveal information related to sexual abuse to anyone, apart from designated supervisors, other than the extent necessary to make treatment, investigation, and other security and management decisions. SCDJJ Policy 336, Application of the PREA Standards Section E.2, consistent with SCDJJ Policy, all employees, contractors, and volunteers are mandated to report any knowledge of alleged, communicated, or suspected abuse of a youth immediately. Policy 321, Prevention of Sexual Offenses toward Youth; 222 Employee Ethics and Relations with Others; 322 Alleged Abuse and Neglect of a Youth; 326 Reporting Events; 914 Volunteer Services. The facility mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports immediately, but always before leaving the shift. Staff can report sexual abuse and sexual harassment, privately and the agency informs staff through shift briefing, management meetings and PREA training. **Random Sample of Staff – Q:8 / Resident Interview Questionnaire – Q:11,**

	12 Twelve random staff were interviewed by the auditor's non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. When a resident alleges sexual abuse or sexual harassment, can he/she do so verbally, in writing, anonymously and through third parties? Yes. Do you document verbal reports? Yes. Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. Can you make reports of sexual abuse or sexual harassment either in person or in writing? If yes, can someone else (for example, a friend, or relative) make the report for you so that you do not have to give your name? Interviewed residents indicated the following: you can do all three, yes, I don't know. The auditor's non-certified support staff informed the residents that anyone can report any sexual abuse or harassment on their behalf. Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. Have you ever told anyone that you were sexually abused or sexually harassed while in this facility? All interviewed residents reported no. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the site review tour the auditor had informal conversations with staff regarding reporting sexual abuse and sexual harassment. Staff indicated that if there is a sexual abuse or sexual harassment incident they would document and fill out the Event Form before the shift ended. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.351 (d)** The facility shall provide residents with access to tools necessary to make a written report. **Review of Documents:** Pre-Audit Questionnaire: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. facility reported yes.

	Interview Statements: Residents who Reported a Sexual Abuse – Q: 10During the site visit there were no residents who reported sexual abuse to respond to the following question. Did someone at the facility help you make a written report? If yes, how did they help you? **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the facility tour and site review, the auditor observed that paper and pencils were available. Informally, youth in the living units mentioned that they could request additional papers from unit officers, social workers, or schoolteachers if needed. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.351 (e)** The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. **Review of Documents:** Pre-Audit Questionnaire: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section E.3, Employees, volunteers, contractors, or anyone who has knowledge of alleged, communicated, or suspected abuse can report anonymously to the Division of Investigative Services (DIS) at 1 – 866-313-0073. SCDJJ Policy 336, Application of the PREA Standards Section E.7, anyone who has knowledge of the alleged event may also assist the youth with filing a grievance, filing a report on behalf of the alleged victim, or filing a report themselves. SCDJJ Policy 326 Reporting Events Section 5, Tip Line: A confidential telephonic reporting system for employees and the public to use to report information directly to the Inspector General. The documentation indicated that SCDJJ Tip Line (# 1-866-313-0073) The Inspector General (IG) operates the toll free “Tip Line” which may be utilized by SCDJJ employees statewide or the public. This line is a voice messaging system that allows individuals to call at any time. Although the primary purpose of this service is to enhance the Event Reporting System, it also provides a mechanism for employees

	to relay ideas and concerns. Individuals calling the Tip Line are asked to provide as much detail (date, time, location, individual involved, type incident) as possible so that the specific incident can be verified. The documentation indicated that the Division of Investigative Services will maintain the Event Reporting System (ERS) database containing information on events occurring within any location associated with SCDJJ, including facilities, county offices, group homes, contract facilities and administrative offices. Event Reporting System reports may be made on a statewide basis, 24-hours per day, 7 days per week via the ERS application for SCDJJ employees, and via email to the inspecctorgeneraleventrporting@scdjj.net for non-SCDJJ employees. **Random Sample of Staff – Q:6** Twelve random staff were interviewed by the auditor's non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. How can staff privately report sexual abuse and sexual harassment of residents? Staff can write an incident report a make a confidential report, call the PREA reporting Number, or tell the PREA office. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the site tour the auditor have informal conversations with staff regarding how they would privately report sexual abuse or sexual harassment. They indicated completing a report in the Event Reporting System or contacting the PREA Coordinator. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.352	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 920 Juvenile Grievance Process • SCDJJ Policy 336, Application of the PREA Standards • Youth Grievance – Let's Talk Form • Youth Grievance and Family Support Webpage • Residents who Reported a Sexual Assault **Reasoning and Analysis (By Provisions)** **115.352 (a)** An agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse. **Review of Documents:** Pre-Audit Questionnaire: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse. facility reported yes. SCDJJ Policy 920 Juvenile Grievance Process – The SCDJJ will provide a timely and fair resolution of complaints from juveniles under the jurisdiction of SCDJJ. Juveniles may file a grievance regardless of any status or situation. Equal access to the grievance process will be provided for juveniles with disabilities. SCDJJ Policy 920 Juvenile Grievance Process Section C.1: The following complaints will not be investigated through the Juvenile Grievance Process and Family Relations: (1) Complaints of physical abuse, sexual abuse, intentional threats of physical or emotional harm or criminal wrongdoing reported under the Event Reporting System. OJFR will refer these complaints to the Division of Investigative Services for investigation and action through the ERS process including any allegation involving sexual violence as outlined in policy 321, Prevention of Sexual Offenses toward Juvenile. Documentation indicated that grievance is defined as a written or oral complaint filed by a juvenile or other involved person concerning an incident, policy, practice or condition within a facility, program, school, medical unit, or county office (hereinafter referred to as Unit). The auditor examined the Youth Grievance – Let's Talk records and provided a brief summary of the reasons for each grievance, including relevant dates, individuals involved, and the reasons the youth filed the grievance. A review of the investigation files confirmed that grievances are submitted to investigations for processing. OJFR refers these complaints to the Division of Investigative Services for investigation and action through the ERS process including any allegation involving sexual violence as outlined in policy 321,

Prevention of Sexual Offenses toward Juvenile.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal conversation with the PREA compliance manager reported that any Sexual Abuse or Sexual Harassment submitted through the Grievance System the grievance coordinator picks it up and it is immediately forward to PREA investigations for actions. This ends the grievance process and begins the PREA investigation process.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.352 (b)

- The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
- The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege and incident of sexual abuse.
- The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.
- Nothing in this section shall restrict the agency’s ability to defend against a resident lawsuit on the grounds that applicable status of limitations has expired.

Review of Documents:

Pre-Audit Questionnaire: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. facility reported yes.

SCDJJ Policy 920 Juvenile Grievance Process Section D.6: There is no time limit for making a report of a grievance issue or other allegation although prompt reporting will be encouraged so that a full and complete investigation can be carried out.

The facility does not impose a time limit on when a confined person may submit a grievance regarding an allegation of sexual abuse. Residents can submit grievance any time regardless of when the incident is alleged to have occurred. According to staff, the facility does not require a resident to use any informal grievance process as it relates to PREA, or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse.

Review of the grievance logs included the following information: Youth Namee, JIMS, Grievance Number, Date Received, Incident Facility, Date of Determination. The

auditor reviewed 85 Grievances on the log sheet.

The auditor reviewed the following documentation pertaining to Youth Grievance materials:

- Youth Grievance – Let's Talk –11
- Grievance Emails – 8
- DJJ Event Report ER – 11
- Grievance SLES Questionnaire Form – 3
- Juvenile Allegation/Grievance and Appeal Form - 1

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.115.352 (c)

The agency shall ensure that:

- A resident who alleges sexual abuse may submit grievance without submitting it to a staff member who is the subject of the compliant, and

- Such grievance does not refer to a staff member who is the subject of the complaint.

Review of Documents:

Pre-Audit Questionnaire: The agency's policy and procedures allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section E.5, consistent with SCDJJ Policy 920, youth Grievance Process, the JFR will ensure that grievance receptacles are available and secure in all facilities, Youth will not be required to give a grievance form to any staff member who is the subject of the compliant.

SCDJJ Policy 920, Juvenile Grievance Process – the OJFR will ensure that grievance receptacles are available and secure in all facilities. Juveniles will not be required to give a grievance form to any staff member who is the subject of the complaint.

The agency ensures 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. Residents can submit grievance through a grievance box.

The auditor examines the grievance form and identifies the information that must

be included in the form.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility site review informal conversation with the residents reported that they turn their grievance in through the grievance box. Some of the residents also indicated that they have given their grievance to a trusted staff member.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.352 (d)

- The agency shall issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

- Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal.

- The agency may claim an extension of the time to respond, up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the residents in writing of any such extension and provide a date by which a decision will be made.

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

Review of Documents:

Pre-Audit Questionnaire: In the past 12 months, the number of grievances that were filed that were alleged sexual abuse, facility reported 8.

In the past 12 months, the number of grievances alleging sexual abuse reached final decision within 90 days after being filed, facility reported 8.

In the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days. facility reported 0.

SCDJJ Policy 336, Application of the PREA Standards Section E.6, The JFR will notify the youth of the process of the investigation when provided the information from the investigator, consistent with SCDJJ Policy 920, Investigations. The investigator

assigned to the allegation will ensure that the JFR coordinator is notified of the administrative investigation and the results within 45 days from receiving the allegation.

Documentation indicates that the OJFR Coordinator will record the findings and results of the investigation in the assigned Access database and will keep hard copies of all investigative notes and evidence in a locked room. The OJFR Coordinator writes a written explanation of the investigative decision in the specified location on the Juvenile Grievance Form, and the form will be returned by the OJFR Coordinator to the juveniles as confirmation of the complete investigation. A copy of the Grievance Form will be hand-delivered or mailed to the juvenile by the OJFR Coordinator. Copies of all substantiated, unsubstantiated, and unfounded grievances will be retained on file with the OJFR for three (3) years after which time the grievance information will be filed with archives.

Residents who Reported a Sexual Assault – Q:18, 19, 20,

During the site visit there were no residents who reported sexual abuse to respond to the following question. After you reported what happened to you, did anyone tell you when the facility would make a decision about the report?

During the site visit there were no residents who reported sexual abuse to respond to the following question. Were you told in writing about any decision. If yes, about how long you made your report were you told?

During the site visit there were no residents who reported sexual abuse to respond to the following question. If it took longer than 90 days, did the facility tell you in writing that making a decision would take longer?

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal conversation with the facility PREA manager reported if residents report a sexual abuse or sexual harassment through the grievance process, the grievance coordinator immediately forwards the grievance to the facility PREA Investigator to be investigated. This process ends the grievance process and begins the investigation process. All grievance timeframes are met.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.352 (e)

- Third parties, including fellow residents, staff members, family members,

	attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. • If a third party 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. • If the resident declines to have the request processed on his or her behalf, the agency shall document the residents' decision. • A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf. **Review of Documents:** Pre-Audit Questionnaire: The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third party assistance, containing documentation of the residents' decision to decline. facility reported 8. SCDJJ Policy confirmed that the agency permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and file such requests on behalf of residents. A review of the Agency Youth Grievance and Family support unit is dedicated to advocating for the well-being of youth under SCDJJ supervision by providing a fair, confidential, and impartial process for addressing complaints and concerns. Whether a youth, a family member, or an advocate, the agency are committed to supporting the residents by ensuring their voice is heard and their concerns are addressed promptly and fairly. A review of the SCDJJ Grievance Webpage included the following: • What happens after I report grievance? Once your grievance is submitted, our team will review and investigate the matter. We will contact you if additional information is needed. A return phone call is made to anyone who contacts Youth Grievances and Family Support to inform them of actions taken to resolve an issue or address a concern. • Who can submit a grievance or concern? Grievances can be submitted by youth under SCDJJ supervision, their family members, advocates, or other individuals acting on their behalf. • Can I submit anonymously?

	Yes, but providing your contact information helps us investigate and respond more effectively • What if the issue isn't resolved? If a resolution cannot be reached, additional steps may include mediation or a review by senior staff. • Will I or a youth be targeted for filing a grievance? No one can intimidate or retaliate against you for making a grievance. If you feel you are being targeted, bullied or harassed for filing grievance, report any retaliation and/or intimidation to the Director of Youth Services and Accountability or the Office of Inspector General's Office immediately. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversations with the PREA compliance manager reported that third parties include individuals such as fellow residents, staff members, family members, attorneys, and outside advocates, are all permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.352 (f)** • The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. • After receiving an emergency grievance alleging an resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. **Review of Documents:** Pre-Audit Questionnaire: The number of emergency grievances alleging substantial risk of imminent sexual abuse that was filed in the past 12 months, facility reported

	0. Residents who report a sexual abuse or sexual harassment through the grievance process, the grievance coordinator immediately forwards the grievance to the facility PREA Investigator to be investigated. This process ends the grievance process and begins the investigation process. All grievance timeframes are met. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency will 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 is taken. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conservation with the PREA compliance manager reported after receiving an emergency grievance alleging residents are subject to a substantial risk of imminent sexual abuse, SCDC immediately would forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to investigations and/or a level of review at which immediate corrective action is taken. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.352 (g)** The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the residents filed the grievance in bad faith. **Review of Documents:** Pre-Audit Questionnaire: In the past 12 months, the number of residents alleging sexual abuse that resulted in disciplinary action by the agency against the residents for having filed grievance in bad faith, facility reported 0. SCDJJ Policy 336, Application of the PREA Standards Section E.8, anyone who willingly files a false statement may be subject to administrative or criminal investigation and discipline consistent with SCDJJ Policy 322, Alleged Abuse and Neglect of a Youth; SCDJJ Policy 328, Investigations; SCDJJ Policy 326, Reporting Events; and SCDJJ Policy Youth Behavior Management Incentive System and Progressive Discipline.

	Staff indicated that the facility may discipline residents for filing a grievance related to alleged sexual abuse when the juvenile intentionally filed a grievance in bad faith. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the site review tour the auditor, **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • MOU for Outside Emotional Support Services • SC Department of children’s Advocacy Website • Resident Handbook • Resident Interview Questionnaire • Resident who Reported Sexual Abuse • Facility Administrator • PREA Compliance Manager **Reasoning and Analysis (By Provisions)** **115.353 (a)**

	The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section E.9, Youth will have access to available outside victim advocates for emotional support. Information for advocacy centers will be provided throughout all SCDJJ facilities and as a part of the youth orientation program in secure confinement centers. PREA requires the auditor to conduct outreach to relevant national, state, and local advocacy organizations. The outreach is to communicate with community-based or victim advocates who may have insight into relevant conditions and outside services provided to the residents. **Facility Administrator – Q: 16 / Interview Questionnaire – Q: 13, 14, 15, 16, 17 / Resident who Reported a Sexual Abuse – Q: 11, 12, 13** Facility Administrator: How does the facility provide residents with reasonable and confidential access to their attorneys or other legal representatives? Residents may request legal calls or visits, which are arranged in private settings. Staff do not monitor conversations. Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. All sixteen were randomly selected from different housing units. Do you know if there are services available outside of this facility for dealing with sexual abuse, if you ever need it? The following was the response of the residents interviewed: Yes, they were aware, I am not sure, yes, it is posted on the wall, and three report no. The auditor's non-certified support staff reminded the residents that the outside emotional support services are posted in their living units and show them a copy of the phone number and mailing address. Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. All sixteen were randomly selected from different housing units. Can you tell me about what kind of services are offered? Some of the resident interviewed responses were yes, they would give me advocate if I needed one. I believe they would give me an advocate. I feel they

would give me victim advocate. Yes, I would get a counselor.

Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. All sixteen were randomly selected from different housing units. Does the facility give you mailing addresses and telephone numbers for these outside services? Some of the resident responses were yes and some were no. Residents indicated that they never use the services. If yes, how does the facility give you this information? Interviewed residents indicated that the information is posted on the wall. One stated, "At the time of this interview I was shown a poster with information for victim services. The auditor's non-certified support staff reminded the residents that the outside emotional support services are posted in their living units and show them a copy of the phone number and mailing address. The support staff also informed the residents that all telephone calls are free, and if they talk to anyone it will remain private.

During the site visit there were no residents who reported sexual abuse to respond to the following question. Did the facility give you mailing addresses and telephone numbers for any outside services?

During the site visit there were no residents who reported sexual abuse to respond to the following question. When were you able to talk with people from these services?

During the site visit there were no residents who reported sexual abuse to respond to the following question. Can you communicate (talk or write) with these people in private?

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

During the facility site review the auditor observed PREA posters on the wall. The posters observed was Auditor PREA Notice of the upcoming PREA audit. The outside emotional support services Flyer has the following emotional support services information. Safe Passage, Inc. telephone number and mailing address with a note that all mail will be treated as legal mail. The flyer also included "In accordance with the state mandatory reporting laws agency/organizations may forward report to proper authorities". This information was continuous throughout the facility to include posting near the phones in the housing units, medical, Dinning Hall, Common areas, Visitation, and the Intake area. The posters and brochures are eligible. has outside toll-free numbers.

The auditor observed how mail moves from residents to the facility mailroom. It starts with the residents placing the mail in a lock drop box which is located where residents have access in the dining hall or medical. The drop box is only accessible by designated staff. The auditor visits the mailroom and has an informal conservation with a mailroom clerk that confirmed sending and receiving PREA confidential mail is treated as legal mail.

In each of the living units, the residents had access to telephones. The auditor

tested the phones by picking up the receiver and listening for a dial tone. Random phones were checked to ensure that the residents have access to outside services. The locations of the phones did provide some privacy for the residents.

Informal conversations with residents during the tour corroborate that they are aware of the outside emotional support services posters, however, they never used it.

Civil Immigration - The facility does not house residents solely for civil immigration purposes. The auditor requested a list of residents that requested consular notification. If so, these residents are not at the facility for the sole purpose of civil immigration; they have criminal charges. The auditor observed and reviewed the Civil Immigration information from the United States Department of State Consular Notification and Access Manual located. A review of the manual has the following mailing address: Consular Notification & Access (CAN) -U.S. department of State, SA-17 12th Floor Washington, DC 20522-1712, and telephone numbers. It has information in different languages. This information is also on the computer in the law library and was reviewed during the facility tour.

The auditor observed PREA information in the control booth located in each of the housing units. The PREA Auditor notices that the residents and staff were posted in the control area.

Staff and residents' informal conversation conducted during the tour confirmed that residents have access to writing instruments, paper, and forms to report. They use them in education, library, and programs as well as during free time in the living units. Staff indicated that residents could request them from staff.

Corrective Action: Required

PREA Phones: Cedar

During the facility tour of cedar, the auditor had informal conversations with residents indicated that the residents can only make PREA or any phone calls from 6 p.m. – 7 p.m. Both units within Cedar use one phone at the same hour. (potentially 17 Residents using the phone within that one hour).
During the facility tour there were PREA signs and other information posted throughout the facility that had incorrect information. Example – incorrect numbers to the outside support services.

Interview and review of the residents' PREA packages found outdated PREA information given to the residents.

Corrective Action (s):

To address the audit finding regarding residents' access to reporting mechanisms, inaccurate PREA postings, and outdated PREA information provided during intake, the facility implemented several corrective actions to strengthen compliance with PREA standards and ensure residents have access to current and accurate reporting

information.

Resident Access to Reporting Mechanisms

To ensure residents have unimpeded access to reporting PREA concerns and other allegations of abuse or harassment, a telephone has been installed in each housing pod, providing residents with continual access to reporting resources without being limited to a specific call period. Additionally, an extra telephone is available in the hallway and may be utilized by residents when they are outside of their housing unit. These measures increase residents' opportunities to access reporting channels and reduce barriers to confidential reporting.

PREA Signage and Posted Information

To address concerns regarding outdated PREA posters and incorrect contact information for outside reporting resources, all outdated posters and signage were removed from the facility. Updated PREA posters containing current reporting and support service information were posted throughout the housing units and common areas. Recognizing that residents occasionally remove or damage posted materials, staff routinely monitor posted information and replace posters as needed to ensure accurate information remains available. Furthermore, arrangements have been made to install updated PREA information behind protective plexiglass coverings to prevent damage or removal and maintain continuous access to accurate reporting information.

Updated Resident PREA Information and Orientation

To address concerns regarding outdated PREA information contained within resident intake packets, all outdated brochures and information materials were removed from circulation. Residents now receive current PREA information through the facility's PREA orientation process, which includes both the PREA educational video and a live PREA orientation conducted by staff. These measures ensure residents receive accurate and up-to-date information regarding their rights, reporting options, and available support services upon admission to the facility.

The facility will continue to monitor resident access to reporting mechanisms, ensure PREA informational materials remain current and visible, and review orientation materials regularly to maintain compliance with PREA standards. See attached photos)

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.353 (b)

The facility shall inform residents, prior to giving them access, of the extent to

	which such communications will be monitored and the extent to which reports of abuse will be forwarded to the authorities in accordance with mandatory reporting laws. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section E.10, Any monitored communications will be expressed to juveniles and parents prior to authorization for use. The facility informs residents through a flyer prior to communicating with outside organizations that phone calls (not the PREA numbers) may be monitored and that reports of sexual abuse or sexual violence will be forwarded to authorities by mandatory reporting laws. **Facility Administrator – Q: 17 / Resident Interview Questionnaire – Q: 18 / Resident who Reported a Sexual Abuse – Q: 14** Facility Administrator: How does the facility provide residents with reasonable access to parents or legal guardians? Phone calls and visits are scheduled regularly. Requests for contact are honored promptly, and privacy is respected. Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. Do you know if your conversations with people from these services would be told to or listened to by someone else? The interviewed resident reported that they did not really know, because they never use the services. However, one reported that they have to report when danger is present. The support staff probe regarding if you were to talk to the services, when could they tell someone else about what you have told them and/or when could someone else listen? The responses for interviewed residents were, they have to document when you call, I don't know, yes, and only when I give written permission. The auditor's non-certified support staff informed the residents that the outside emotional support services may tell someone else if it involves the mandatory reporting laws regard their safety. During the site visit there were no residents who reported sexual abuse to respond to the following question. Do you know if the people you would talk to about what happened could keep that information to themselves, or if they are required to tell someone else, such as a law enforcement officer? **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

Review site review outlined in provision (a).

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.353 (c)

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

Review of Documents:

Pre-Audit Questionnaire: 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? facility reported no.

SCDJJ Policy 336, Application of the PREA Standards Section E.11, SCDJJ will attempt to gain and maintain memorandum of understanding with outside advocacy centers to provide confidential emotional support services related to sexual abuse victims as long as regulatory and/or budgetary constraints permit.

SCDJJ Policy 336, Application of the PREA Standards Section, the agency's Standard Manager (Agency PREA Coordinator) will attempt to make available written Memorandum of Understanding/Agreement's with local/regional Child Advocacy Center/Rape Crisis Center to provide emotional support services. Such attempts will be documented and retained for monitoring purposes.

A review of the SCDJJ website included access to the SC Department of Children's Advocacy (Advocacy. Accountability. Serves). To access the Children's Advocacy agency, facility, youth or parents can submit complaints to South Carolina Department of Children's Advocacy by phone at 1-800-206-1957 or via the electronic submission form. Parents can also visit the SC Department of Children's Advocacy homepage at childadvocate.gov.

The auditor reviewed a Memorandum of Understanding letter send to Pathway to Healing dated May 15, 2026, to facilitate services related to goals and implementation of the Federal Prison Rape Elimination Act (PREA) mandates.

The following information included Pathways to Healing responsible as:

- Responding to calls made by youth at Midlands Evaluation Development Center

	and received on the Pathways to Healing 24-hour crisis hotline. • Provide youth at Midlands Evaluation Development Center with confidential emotional support services related to sexual abuse/sexual assault alleged to have taken place during their confinement at Midlands Evaluation Development Center and during their transition from Midland Evaluation Development Center back to the community. • Provide follow-up services to alleged victims of sexual abuse/sexual assault at Midlands Evaluation Development Center, as resources allow. This will include up to three in-person visits. • Maintain confidentiality of all communication of youth at Midlands Evaluation Development Center who initiate contact with the Pathways to Healing. • Collaborate with designated SCDJJ Secure Facility, Camp or Group home staff to obtain security clearance. • Ensure the rape crisis advocate will follow all Midlands Evaluation Development Center guidelines for safety, security, and confidentiality. • Communicate any questions or concern to the CDJJ PREA Coordinator that are not in violation of the youth's confidentiality. • Provide the SCDJJ PREA Coordinator with monthly statistical data to include category of call, Date and time of calls, and category of assistance offered to the youth in an Excell document using a provided format by SCDJJ. • Communicate with the PREA Compliance Manager for each site, any calls received that fall out of the purview of this agreement in order that they can be routed to the correct authorities. Sytiia Coleman – 803-351-8741; Backup Raymond Brigman 803-997-9746. A review of the Safe Passage, Inc. indicated that they envision a world where all children grow up safe, nurtured, and free from abuse. The auditor previously contacted Safe Passage, Inc. on August 21, 2025, at 12:58PM. The Child Advocacy Center Coordinator response to the auditor's written questions on September 4, 2025, at 4:26 PM. Safe Passage, Inc. written response indicated that they do not have a contract with Upstate DJJ, however, they service all victims in county area. The services they provide are counseling, advocacy, hospital accompaniment, court accompaniment, forensic interviews, forensic child abuse medical exams. They have not provided any emotional support services within the past 12 months. Safe Passage Child Advocacy Center Coordinator was asked the following questions: • Does the organization/agency provide a mailing address and telephone number for these outside services? Yes. • Can the residents remain anonymous, upon request, when calling for emotional support services? Yes, except for what may fall under mandated reporting laws, if they are speaking to a staff member who is a mandated reporter. Their clinical staff are mandated reporters; their advocates are not. • Is communication between residents and your organizations/agency can stay as confidential as possible? Yes, all services are confidential except for what may fall

under mandated reporting laws, or if there is an open investigation into a child abuse (ie. Forensic interviews are shared with investigating parties).

- Who do you notify at the agency/facility if a resident report sexual abuse to your agency? If it is mandated to be reported the agency would report to the appropriate law enforcement or DSS agency.
- How many residents have reported sexual abuse and/or sexual harassment to your agency within the past 12 months? Zero.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.353 (d)

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

Review of Documents:

Pre-Audit Questionnaire: Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section E.12, consistent with SCDJJ Policy 918, Juvenile Rights and Responsibilities, juveniles will be allowed confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

Resident Handbook informed residents that they have access and right to their attorney.

Facility Administrator – Q:16, 17 /PREA Compliance Manager – Q:17, 18 / Resident Interview Questionnaire – Q: 19, 20 / Resident who Reported a Sexual Abuse – Q:15, 16

Facility PREA Compliance Manager: What is your policy/practice for providing residents with access to their attorneys or other legal representation? Under what circumstances are they permitted access to attorney or legal representation Are there circumstances where they are limited access to attorneys or legal representation? Do you ensure confidentiality? Residents have not limited access to their attorneys or legal representation at any time. If the attorney agrees the

	attorney's number can be added to a resident's call list and marked as an attorney so that the time constraints are removed and do not count towards the resident's weekly minutes. Most attorneys are contacted by the resident's clinician at their request to schedule a phone or video call that can be held in an office that allows the resident to be in sight but not sound the staff member. Residents are also allowed unrestricted mail to their attorneys and when they receive a letter from an attorney or legal representative, they open the letter and shake it out in front of a staff member. The letters are not reviewed or monitored. Facility PREA Compliance Manager: What is your policy/practice for providing residents with access to parents or legal guardians? Under what circumstances are they permitted access to parents or legal guardians? Are there circumstances where they wouldn't be allowed access to parents or legal guardians? Residents are provided 30 minutes a week to utilize for phone calls to their parents or legal guardians, visitation is offered to parents and legal guardians weekly, and if there are barriers to being able to make the visitation youth or parents can request a special visitation at the discretion of the Facility Administrator. Resident's access to parents or legal guardians are only restricted if there is a severe safety concern that has been identified and SCDJJ legal has been consulted before imposing the restriction, the youth are in DSS custody and they are refusing access or require supervised access to the resident, or the parents' legal rights have been terminated. Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. All sixteen were randomly selected from different housing units. Does the facility allow you to see or talk with your lawyer or another lawyer and will they allow you to talk with that person privately? Six interviewed residents indicated yes, and one said, "I don't know". Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. All sixteen were randomly selected from different housing units. Does the facility allow you to see or talk with your parents or someone else? All interviewed residents indicated yes. During the site visit there were no residents who reported sexual abuse to respond to the following question. Did the facility allow you to see or talk with your lawyer or another lawyer? Did they allow you to talk with that person privately? During the site visit there were no residents who reported sexual abuse to respond to the following question. Did the facility allow you to see or talk with your parents or someone else? **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:**

	An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • SCDJJ Policy 326 Reporting Events • Event Reporting System • SCDJJ Website (PREA) Third Party Reporting **Reasoning and Analysis (By Provisions)** **115.354 (a)** The agency shall establish a method to receive third party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. **Review of Documents:** Pre-Audit Questionnaire: Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? facility reported yes. SCDJJ Policy 336, Application of the PREA Standards – Anyone who suspects, alleges, or has knowledge of sexual abuse of a juvenile adjudicated to SCDJJ may call the Division of Investigation Services (DIS) hotline at 1-866-313-0073. SCDJJ will publish information regarding how to report on its website at http://www.state.sc.us/djj/. SCDJJ Policy 326 Reporting Events Section 5, Tip Line: A confidential telephonic reporting system for employees and the general public to use to report information directly to the Inspector General.

	The documentation indicated that SCDJJ Tip Line (# 1-866-313-0073) The Inspector General (IG) operates the toll free “Tip Line” which may be utilized by SCDJJ employees statewide or the general public. This line is a voice messaging system that allows individuals to call at any time. Although the primary purpose of this service is to enhance the Event Reporting System, it also provides a mechanism for employees to relay ideas and concerns. Individuals calling the Tip Line are asked to provide as much detail (date, time, location, individual involved, type incident) as possible so that the specific incident can be verified. The documentation indicated that the Division of Investigative Services will maintain the Event Reporting System (ERS) database containing information on events occurring within any location associated with SCDJJ, including facilities, county offices, group homes, contract facilities and administrative offices. Event Reporting System reports may be made on a statewide basis, 24-hours per day, 7 days per week via the ERS application for SCDJJ employees, and via email to the inspecctorgeneraleventrporting@scdjj.net for non-SCDJJ employees. For additional Third-Party Reporting staff and public may contact Human Resource Division at (803) 896-9440; Email to ombudsman@djj.sc.gov, and the Public Safety at policechief@djj.sc.gov. DJJ Public Safety 24 hours a day at (803) 896-9100. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** A review of the SCDJJ Grievance Webpage included the following: 1. What happens after I report grievance? Once your grievance is submitted, our team will review and investigate the matter. We will contact you if additional information is needed. A return phone call is made to anyone who contacts Youth Grievances and Family Support to inform them of actions taken to resolve an issue or address a concern. 2. Who can submit a grievance or concern? Grievances can be submitted by youth under SCDJJ supervision, their family members, advocates, or other individuals acting on their behalf. 3. Can I submit anonymously? Yes, but providing your contact information helps us investigate and respond more effectively 4. What if the issue isn’t resolved? If a resolution cannot be reached, additional steps may include mediation or a review by senior staff. 5. Will I or a youth be targeted for filing a grievance?

	Corrective Action: Not Required **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • SCDJJ Policy 326 Reporting Events • SC mandatory reporting law: South Carolina Law Code of Laws Title 63 – SC Children's Code Chapter 7, Child Protection and Permanency • Random Sample Staff • Medical and Mental Health Staff • PREA Compliance Manager • Facility Administrator **Reasoning and Analysis (By Provisions)** **115.361 (a)** The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. **Review of Documents:**

	Pre-Audit Questionnaire: Does the agency require all staff to report immediately and according to policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section F.1, all employees are required to immediately report any knowledge, suspicion, information or allegation of sexual offenses consistent with SCDJJ Policies 321, Prevention of Sexual Offenses towards Youth; Policy 222 Employee Ethics and Relations with Others; 322 Alleged Abuse and Neglect of a Youth; and 326 Reporting Events. SCDJJ requires all staff to report immediately, and according to agency policy, any staff neglect or violation of responsibilities may have contributed to an incident or retaliation. The auditor reviewed 25 copies of the DJJ Events Reports. The Events Reports included the following information: Date of Event, Time of Event, Facility/Office Where Event Occurred, Date of This Report, Specific Area within Facility Office Where Event Occurred. Use of Force Involvement, Name of Juveniles Involved, JJMS, Race, Gender, Age, Involvement, Medical Treatment, Description, Report Submitted By, Report Complainant. **Random Sample of Staff – Q:5** Twelve random staff were interviewed by the auditor's non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. Are you aware that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation? All staff interviewed indicated yes, they are ware. What is the agency/facility policy or procedures for sharing information related to resident sexual abuse? They will notify their supervisor immediately. Probe, they are not allowed to share confidential information. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conservation with staff during the tour reported all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators are the management team. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review

of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.361 (b)

The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

Review of Documents:

Pre-Audit Questionnaire: Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? facility reported yes.

A review of SC mandatory reporting law: South Carolina Law Code of Laws Title 63 – SC Children's Code Chapter 7, Child Protection and Permanency; Article 3 Identification, Investigation, and Intervention Section 63-7-310.

Reporting according to mandatory reporting laws and the facility policy was evident through document review regarding disclosures by residents of allegations that did not occur in the facility or an institutional setting. A review of documentation demonstrates information reported to staff is reported to the appropriate authorities. Staff members are instructed to immediately report all allegations of sexual abuse or sexual harassment to a supervisor or the PREA compliance manager.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal conversation with medical staff reported at the initiation of services to a resident during intake they disclose the limitations of confidentiality and their duty to report and mandated reporters. Staff are expected to abide by the confidentiality requirements as medical professionals. Staff is also required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their designated supervisor immediately upon learning of the incident.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.361 (c)

Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and

	other security and management decisions. **Review of Documents:** Pre-Audit Questionnaire: Apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation, other security and management decisions. facility reported yes. Apart from reporting to the designated supervisors or officials and designated State or local service agencies. Agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. **Random Sample of Staff – Q:5** Twelve random staff were interviewed by the auditor's non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. Are you aware that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation? All staff interviewed indicated yes, they are ware. What is the agency/facility policy or procedures for sharing information related to resident sexual abuse? They will notify their supervisor immediately. Probe, they are not allowed to share confidential information. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal conversation with medical staff reported at the initiation of services to a resident during intake they disclose the limitations of confidentiality and their duty to report and mandated reporters. Staff are expected to abide by the confidentiality requirements as medical professionals. Staff is also required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to their designated supervisor immediately upon learning of the incident. **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, juveniles, and a review of relevant policies confirmed that the facility is complying with the provisions of this standard. **115.361 (d)**

	• Medical and mental health practitioners shall be required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section, as well as to the designated State or local services agency where required by mandatory reporting laws. • Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the limitations of confidentiality. **Review of Documents:** Pre-Audit Questionnaire: 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. facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section F.2 All employees are obligated to inform juveniles of their duty to report sexual abuse and harassment as well as their limits of confidentiality consistent with SCDJJ Policy 322, Alleged Abuse and Neglect of a Juvenile. The auditor reviews the Child Protection Reform Act requires the reporting of any suspected abuse or neglect occurring to a child, age 17 and under. The Omnibus Adult Protection Act requires the reporting of suspected abuse, neglect, or exploitation of a vulnerable adult, age 18 and above. The auditor also reviewed South Carolina Code of Lae Unannotated Title 63 SC Children's Code Chapter 7 Article 1: The following positions and/or people are required to report and/or mandatory Reporters: Clerical or nonclerical religious counselor who charges for services; school teacher, counselor, principal, assistant principal; school attendance officer; social or public assistance worker; substance abuse treatment staff; or childcare worker in a childcare center or foster care facility; police or law enforcement officer; and juvenile justice worker. **Medical and Mental Health Staff – Q: 3, 4, 5** Medical and Mental Health Staff: At the initiation of services to a resident, do you disclose the limitations of confidentiality and your duty to report? Absolutely, inform them prior to entering into any dialogue of the obligation of reporting. Medical and Mental Health Staff: Are you required to report any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it? Yes, policy and protocol states that a supervisor will be notified immediately once an incident is reported or covered. Medical and Mental Health Staff: Have you ever become aware of such incidents? Did you report them? Yes, and these incidents were reported immediately and entered into the system. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR**

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.361 (e)

- Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.

- If the alleged victim is under guardianship of the child welfare system, the report shall be made to the alleged victim's case worker instead of the parents or legal guardians.

- If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

Review of Documents:

Pre-Audit Questionnaire: 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. facility reported yes.

See provision 361 (b) - SC mandatory reporting Law. South Carolina Law Code of Laws Title 63 – SC Children's Code Chapter 7, Child Protection and Permanency; Article 3 Identification, Investigation, and Intervention Section 63-7-310.

Policies collectively provide for all allegations to be reported to the PREA compliance manager, including third-party and anonymous reports as also verified by staff interviews. The policy requires staff members, including medical and mental health staff, to immediately report any knowledge, suspicion, or information of any incident in any facility, even in a facility that is not a part of the agency.

PREA Compliance Manager – Q: 10, 11, 12 / Facility Administrator – Q: 13, 14, 15

Facility Administrator: When the facility receives an allegation of sexual abuse, to whom do you report the allegation? Management report to the designated investigative agency, the youth legal guardian or case worker, and internal PREA coordinator. If guardianship is with child welfare, management notifies the case worker.

Facility Administrator: On average, how long after notification of an alleged sexual

abuse does the facility report the allegation to the appropriate parties? Allegations are reported immediately within 24 hours or sooner, depending on urgency.

Facility Administrator: If a juvenile court retains jurisdiction over the victim, do you also report the allegation to the juvenile's attorney or other legal representative of record? Yes, management notify the legal representative promptly.

Facility PREA Compliance Manager: Upon receiving a sexual abuse allegation, the PREA compliance manager promptly reports it to SCDJJ Public Safety for investigation. The manager also notifies the victim's parents or guardians unless documentation advises otherwise, ensuring all notifications are sensitive, confidential, and in line with agency policy.

Facility PREA Compliance Manager: If the victim is under child welfare guardianship, report allegations directly to the assigned case worker or, if unavailable, to the appropriate DSS County office. Facilities should notify the relevant parties within a few hours of receiving an allegation, ensuring timely reporting.

Facility PREA Compliance Manager: If the juvenile court retains jurisdiction over the victim, the FA, AFA, or PREA Compliance Manager reports any sexual abuse allegation to the juvenile's attorney or legal representative within 14 days of notification.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.361 (f)

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

Review of Documents:

Pre-Audit Questionnaire: Does the facility report all allegations of sexual abuse and sexual harassment including third-part and anonymous reports, to the facility's designated investigators. facility reported yes.

SCDJJ Policy 326 Reporting Events Section 5, Tip Line: A confidential telephonic reporting system for employees and the public to use to report information directly to the Inspector General.

	The documentation indicated that SCDJJ Tip Line (# 1-866-313-0073) The Inspector General (IG) operates the toll free “Tip Line” which may be utilized by SCDJJ employees statewide or the public. This line is a voice messaging system that allows individuals to call at any time. Although the primary purpose of this service is to enhance the Event Reporting System, it also provides a mechanism for employees to relay ideas and concerns. Individuals calling the Tip Line are asked to provide as much detail (date, time, location, individual involved, type incident) as possible so that the specific incident can be verified. The documentation indicated that the Division of Investigative Services will maintain the Event Reporting System (ERS) database containing information on events occurring within any location associated with SCDJJ, including facilities, county offices, group homes, contract facilities and administrative offices. Event Reporting System reports may be made on a statewide basis, 24-hours per day, 7 days per week via the ERS application for SCDJJ employees, and via email to the inspecctorgeneraleventrporting@scdjj.net for non-SCDJJ employees. **Facility Administrator – Q: 18** Facility Administrator: Are all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) reported directly to designated facility investigators? Yes, all allegations including anonymous and third-party reports are forwarded to trained investigators. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • SCDJJ Form 505A Housing Classification Scorecard • Agency Head/Designee • Facility Administrator • Random Sample Staff **Reasoning and Analysis (By Provisions)** **115.362 (a)** When an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the residents. **Review of Documents:** Pre-Audit Questionnaire: In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse, facility reported 24. If the agency or facility made such determinations in the past 12 months, the average amount of time (in Hours) that passed before taking actions, facility did not report. The longest time passed (in Hours or Days) before acting, if not immediate, facility reported immediately. SCDJJ Policy 336, Application of the PREA Standards Section F.3, will take immediate action to protect a juvenile who is at a substantial risk of imminent sexual abuse consistent with SCDJJ Policy 321, Prevention of Sexual Offenses towards Juveniles. **Agency Head-Designee – Q: 12, / Facility Administrator – Q: 8, 9 / Random Sample of Staff – Q: 13, 14** Agency Head Designee/Chief of Staff: When the agency learns or is informed that a youth is subject to possible imminent sexual abuse, the agency takes immediate actions to ensure that the youth is protected. The alleged victim and abuser are immediately separated to prevent further contact and abuse. The agency assesses available alternatives to ensure the youth's safety, potentially including housing changes or transfers for either the victim or alleged abuser. Facility Administrator: When you learn that a resident is subject to a substantial risk of imminent sexual abuse, what immediate protective action does the facility take? Management immediately separates the youth from potential harm, increase supervision, and conduct risk assessment. Protective housing or staff monitoring may be used while ensuring youth access to services.

	Facility Administrator: What is the expectation for how quickly staff should respond to protect residents at substantial risk of imminent sexual abuse? Staff are trained to respond immediately within minutes when a resident is at risk. Rapid intervention is critical to prevent harm and initiate protective protocols. Twelve random staff were interviewed by the auditor's non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. If you learn a resident is at risk of imminent sexual abuse, what actions do you take to protect the resident? Staff indicated that they would move the youth to a safe location, contact supervisor and monitor the abuser. Twelve random staff were interviewed by the auditor's non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. How quickly do you take such actions? ASAP / immediately. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the site review tour the auditor, **Corrective Action: Required** Resident's Safety The auditor understands that the concern is not an imminent sexual abuse, however the observations lead to concerns regarding residents' physical and potential sexual abuse safety. During the facility tour of Cedar, the auditor spoke informally with residents, who reported that they did not feel safe at the facility. The auditor asked, "Do you feel safe at the facility?" Several residents reported ongoing conflict between Cedar Unit D and Cedar Unit F. One resident stated that he was assaulted while using the phone. Several residents stated that staff members in "white shirts" cursed at them and called them names. Residents also reported that staff in the Education Building "pinches" them. For clarification, the auditor asked follow-up questions and confirmed that the residents were describing physical, not sexual, conduct. The residents indicated that they did not have any PREA-related concerns. During the tour of Poplar, residents reported that they could unlock their room doors or that some room locks may be broken, creating potential safety concerns for residents and staff. The auditor observed the room walls, doors, tables, and the chalkboard wall covered

	with gang graffiti, as well as gang members. One resident demonstrated to the auditor how they can get out of their rooms. The auditor noticed that there were several gang members housed in that unit that can unlock their doors. This could lead to potential sexual assaults or harassment as part of gang activities. However, the auditor is concerned about the resident's physical safety at the facility. **Corrective Action (s):** The agency has taken several corrective actions to address concerns related to gang activity, housing, and youth behavior management. All identified gang graffiti has been removed, and affected areas continue to be routinely monitored to ensure a safe and appropriate environment for youth and staff. In addition, youth currently housed in Poplar will be relocated from Poplar C pod to Poplar A pod upon completion of renovations, which are not expected to be finalized by August 6, 2026. This transition is intended to provide an enhanced living environment that supports safety, supervision, and program operations. The agency's Behavior Management System remains in place and continues to address inappropriate conduct while holding youth accountable for behaviors that do not align with program rules and expectations. Staff consistently utilize the system to reinforce positive behavior, address rule violations, and promote a safe, structured, and rehabilitative environment. These ongoing efforts demonstrate the agency's commitment to maintaining facility safety, improving living conditions, and promoting appropriate youth behavior. **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.363	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making Compliance Determinations:

- Pre-Audit Questionnaire
- SCDJJ Policy 336, Application of the PREA Standards
- Administrator-to-Administrator Notification
- Agency Head/Designee
- Facility Administrator

Reasoning and Analysis (By Provisions)

115.363 (a)

Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.

Review of Documents:

Pre-Audit Questionnaire: In the past 12 months, the number of allegations the facility received that a resident was abused while confined to another facility, facility reported 1. Please describe the facility's response to these allegations, facility reported PCM/AFA made contact.

SCDJJ Policy 336, Application of the PREA Standards Section F.5, Upon notification of an allegation of sexual abuse that occurred while a youth was housed at a facility outside the authority of SCDJJ, the SCDJJ Facility Administrator will contact the facility head of the facility where the alleged abuse occurred and will notify the Division of Investigation Services (DIS). This notification will be provided within 7 hours of receiving the report and will be documented and provided to the facility's PBS/PREA Compliance coordinator.

The auditor reviews and example of how a Facility-to-Facility Notification would be handled. The email was sent on Wednesday, July 30, 2025, from UEDC to MEDC. The email did inform MEDC of the problems related to PREA that the residents transfer. The email did discuss the investigation and followed the PREA requirements.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.363 (b)

	Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. **Review of Documents:** Pre-Audit Questionnaire: Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegations. facility reported yes. Notification is made as soon as possible but no longer than 72 hours after receiving the information. The facility head/designee documents the notification as required. It is the responsibility of the receiving agency to ensure an investigation is completed. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.363 (c)** The agency shall document that it has provided such notification. **Review of Documents:** Pre-Audit Questionnaire: Does the agency document that it has provided such notification. facility reported yes. The review documentation of notifications to verify that the facility has occurred within the required 72 hours of receiving the allegations. The auditor reviews and example of how a Facility-to-Facility Notification would be handled. The email was sent on Wednesday, July 30, 2025, from UEDC to MEDC. The email did inform MEDC of the problems related to PREA that the residents transfer. The email did discuss the investigation and followed the PREA requirements. The facility documents incidents using Administrator-to-Administrator PREA Notification. Over the past 12 months, there have been 1 such notification. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:**

	An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.363 (d)** The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. **Review of Documents:** Pre-Audit Questionnaire: In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities, facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section F.5, Upon notification of an allegation of sexual abuse that occurred while a youth was housed at a facility outside the authority of SCDJJ, the SCDJJ Facility Administrator will contact the facility head of the facility where the alleged abuse occurred and will notify the Division of Investigation Services (DIS). This notification will be provided within 7 hours of receiving the report and will be documented and provided to the facility's PBS/PREA Compliance coordinator. **Agency Head/Designee – Q: 5 / Facility Administrator – Q: 19, 20** Agency Head Designee/Chief of Staff: If another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of your facilities, is there a designated point of contact? Yes. The agency contacts the head of the head of the facility or appropriate office. The agency's PREA Coordinator and/or the Agency's Law Enforcement Services serves as the agency's point of contact for outside agencies. In-house the Facility Administrator contacts the other Facility Administrator to share information and ensure that the incident is being investigated. However, outside entities such as protection and advocacy organizations have also directly contacted the respective facilities. Depending on the nature of the allegation, the agency's Office of Legal Services and Law Enforcement Services determines the next steps. Facility Administrator: What happens when your facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in your facility? Management initiates an internal review, notify appropriate authorities, and cooperates fully with external investigations. Facility Administrator: Are there examples of another facility or agency reporting such allegations? Yes. Management received reports from probation departments and other juvenile facilities, which were investigated by protocol. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required**

	Provision Findings: An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • SCDJJ policy, 321, Prevention of Sexual Offenses toward Juveniles • Security Staff First Responders • Residents who Reported Sexual Abuse • Random Staff **Reasoning and Analysis (By Provisions)** **115.364 (a)** Upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to: • Separate the alleged victim and abuser. • Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. • If the abuse occurred within a time that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and • If the abuse occurs 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 appropriately, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section F.6, all employees who are given knowledge of, have suspicion of, have information of, or receive an allegation of sexual abuse will be required to take the actions described in SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth, immediately. The agency requires the first responder to ensure the safety of the alleged victim by separating them from their alleged perpetrator and secure the location of the alleged assault to preserve evidence. The first responder will also instruct the alleged victim to refrain from eating, drinking, bathing/showers, using the restroom, or changing clothes or underwear. 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. **Security Staff First Responders – Q:1 / Residents who Reported a Sexual Abuse – Q:1, 2, 3** Security Staff First Responder: Can you describe the actions you have taken as a first responder to an allegation of sexual abuse? Informal conversation with security staff that describe their action as a first responder started by indicating that they have not serve as a first responder for a sexual abuse. However, they describe if they were to respond they would: Separate the victim and the abuser, preserve the evidence by protecting the crime scene, not letting the victim or abuse destroy DNA evidence by letting them drink, eat, changing clothes, urinating, and immediately contacting their supervisor and medical. No residents reported sexual abuse during the site visit, so the follow-up question regarding response time could not be addressed. During the site visit, no residents reported incidents of sexual abuse, so the following question was not applicable: Did you inform someone at the facility about what occurred, or was it discovered through other means? During the site visit there were no residents who reported sexual abuse to respond to the following question. Once the staff learned of what happened, how much time passed before a staff person came to you? What did this staff person do when he or she first got to you? **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required**

	Provision Findings: An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.364 (b)** If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. **Review of Documents:** Pre-Audit Questionnaire Indicated: If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any action that could destroy physical evidence and then notify security staff? Facility reported yes. SCDJJ policy, 321, Prevention of Sexual Offenses toward Juveniles, establishes a zero tolerance for any form of sexual abuse and/or sexual harassment in all facilities operated by or operated under contract with SCDJJ. The agency/facility requires non-security staff as first responder responsibilities would immediately contact security (nearest) and report, stay with the confined person until security arrived. They would not let the residents use the bathroom, drink water, or change clothing. **Security and Non-Security Staff First Responders – Q: 1 / Random Sample of Staff – Q: 11** Non-Security Staff First Responder: Can you describe the actions you have taken as a first responder to an allegation of sexual abuse? Informal conversation with security staff that describe their action as a first responder started by indicating that they have not serve as a first responder for a sexual abuse. However, they indicated that they would separate the victim and abuse and immediately contact security. Twelve random staff were interviewed by the auditor's non-certified support staff: Ten Blacks and Two Whites. The interviews included two white male, seven black males, and two black females. If you are the first person to be alerted that a resident has allegedly been the victim of sexual abuse, what is your responsibility in that situation? All staff indicated that they would separate the victim and abuser and immediately contact security. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required**

	Provision Findings: An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • Protocol for Alleged Sexual Assault Involving Penetration (Coordinated Response) • Safety Plan (SP) for Alleged Sexual Abuse and Sexual Harassment (Coordinated Response) • Facility Administrator **Reasoning and Analysis (By Provisions)** **115.365 (a)** The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. **Review of Documents:** Pre-Audit Questionnaire: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section F.7, all SCDJJ facilities to develop a written institutional sexual abuse coordinated response plan that is in accordance with SCDJJ Policy 321, Prevention of Sexual Offenses towards Juveniles.

	Each SCDJJ Facility Administrator will ensure the members their Facility's Sexual Assault Response Team are aware of their roles (s) and are active participants in the facility's response to allegations of sexual offenses. All facility staff assigned to each facility in any capacity will be informed and/or trained on the facility's coordinated response plan in a timely manner from the date of its publication or update. The agency/facility Written Institutional Plan to coordinate Actions Taken is call "Safety Plan (SP) for Alleged Sexual Abuse and Sexual Harassment. The auditor reviewed the Safety Plan for Alleged Sexual Abuse and Sexual Harassment/Coordinated Response Plan which is aligned with detailed information in the policy regarding the response to an allegation or incident of sexual abuse. The plan outlines the actions of the identified staff members and their roles. It includes the Staff First Responder, Unit Manager or Captain, Facility PREA Compliance Manager, Facility Administrator, Facility Clinician. On-Call Clinician, Medical Staff, PREA Coordinator, and Division of Investigations, Social Worker/Psychology, Rape Crisis Center, and Family/Guardian. The agency also has a Protocol for Alleged Sexual Assault Involving Penetration. This written plan includes the following instructions: • Overview • Procedures: • The first responder will ensure the safety of the alleged victim by separating them from their alleged perpetrator and secure the location of the alleged assault to preserve evidence. • The supervisor will ensure the alleged victim is seen by a medical professional and all pertinent individuals are notified immediately. • A SCDJJ medical professional (registered nurse, nurse practitioner, or physician) will assess the youth and provide treatment of any injuries or conditions requiring immediate care. • If determined that the youth will be seen at a local hospital, the youth will be transported by EMS or By SCDJJ personnel and will be transported in accordance with policy 319, Transport Youth. • When arriving at the hospital, SCDJJ security personnel will ensure that the youth remain in sight and/or sound supervision. • The clinician of record of the on-call clinician will go to the hospital with the youth and remain with the youth until properly relieved or the youth is released. • The clinician of record or the on-call clinician will ensure that the appropriate third-party advocate is contacted and informed that there is a youth being seen for an alleged sexual assault. • The clinician of record or the on-call clinician will ensure that the youth parents, SCDJJ county office representative, Classification Coordinator, and/or any other individuals responsible for the care, custody, or guardianship of the youth are notified of the allegation and the youth's current status. • When the examination begins, all accounts of the incident will be given by the youth without any assistance from a SCDJJ employee or representative. • Youth 14 years of age and older are authorized to sign any documentation

needed for a physical forensic examination. Youth under the age of 14 will require a signature from an authorized SCDJJ employee.

- Youth may be given any combination of examinations which may include Evidence Collection, Forensic Exams, Pregnancy Tests, Sexually Transmitted Infections Test, and Physical Exams. These tests may or may not include photographs. All evidence and/or test (s) results will be given to a medical practitioner or law enforcement agent at a specific time specified by the hospital.
- Upon return from the hospital, prior to returning to their housing unit, the youth will be seen at the SCDJJ infirmary.
- Prior to returning the youth to the housing unit, the facility supervisor will ensure that the alleged victim and alleged perpetrator will not have any contact.
- With 72 hours (3 calendar days) of the alleged assault, the Facility Administrator will complete the initial Safety Plan for Alleged Sexual Assault and Sexual Harassment (SP) from with the Sexual Assault Response Team (SART).
- Within 30 calendar days of the implementation of the initial SP, the Facility Administrator will reconvene with the SART to review the initial SP and make any necessary updates.
- Monitoring of the alleged victim, witnesses, and those who cooperated with the investigation for retaliation will be initiated 90 days from the date of the allegation.

Facility Administrator – Q: 21

Facility Administrator: In response to an incident of sexual abuse, what is the facility's plan to coordinate actions among staff first responders, medical, and mental health practitioners, investigators, and facility leadership? Management follows a coordinated response plan. First responders secure the scene and protect the evidence, medical staff assess the youth, and mental health provides support. Investigators and leadership are notified immediately.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • Agency Head/Designee **Reasoning and Analysis (By Provisions)** **115.366 (a)** Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported no. The auditor requests collective bargaining agreement from the facility. There are no current agreements that limit the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. There have not been any collective bargaining agreements since August 20, 2012. **Agency Head/Designee – Q:6** Agency Head Designee: Has your agency, or any governmental entity responsible for collective bargaining on your behalf, entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012? No. Not aware of any collective bargaining agreements with the agency. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:**

	An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.366 (b)** Nothing in this standard shall restrict the entering into or renewal of the agreement that governs: • The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of standards 115.372 and 115.376; or • Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. **Review of Documents:** Auditor is not required to audit this provision. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.367	**Agency protection against retaliation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations:

	• Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • Protocol for Alleged Sexual Assault Involving Penetration • PREA Retaliation Monitoring Forms • Facility Housing Re-Assignments/Review Form • Facility Housing Determination Form • SCDJJ Form 505A Housing Classification Scorecard • Agency Head • Facility Administrator • Designated Staff Member Charged with Monitoring Retaliation • Resident in Isolation (for risk of sexual victimization/who alleges to have suffered sexual abuse) **Reasoning and Analysis (By Provisions)** **115.367 (a)** The agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff and shall designate which staff members or departments are charged with monitoring retaliation. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section F.8, In accordance with SCDJJ Policy 321, Prevention of Sexual Offenses towards Juveniles, all Facility Administrators will ensure that all juveniles, staff, witnesses, and reporters be monitored and protected against retaliation for a minimum of 90 days or while maintained within the same facility. Monitoring will be documented and filed for auditing purposes. The agency/facility uses the PREA Retaliation Monitoring Form. Montor Instructions: To be completed upon receipt of a sexual abuse allegation for monitoring staff and juveniles who report sexual abuse or for monitoring juveniles who are an alleged victim or witness of sexual abuse. Retaliation monitoring can cease if an investigation determines the allegation is unfounded or if the victim, witness, or staff is released from the institution. Transfer of juveniles or staff to another facility or unit does not discontinue the requirement for monitoring. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required**

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.367 (b)

The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Review of Documents:

Pre-Audit Questionnaire: 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 of resident abusers from contact with victims, and emotional support services? facility reported yes.

To determine the resident periodical reassessment throughout confinement, the auditor reviews the agency/facility “Facility Housing Re-Assignment/Review Form’, the form clearly states “to be completed using information on the juveniles Vulnerability to Victimization or Sexual Aggression Screener (VVAS). This form included re-assignments/review results. The results are Vulnerability of Victimization; Sexually Aggressive; or Violent Aggressive. The risk level included High, Moderate or Low.

The auditor reviewed 20 Facility Housing Re-Assignments/Review Form for compliance with this provision.

To determine the resident periodical reassessment throughout confinement, the auditor reviews the agency/facility “Facility Housing Determination Form” as a second reassessment process. The form clearly states that (to be completed using information on the juveniles Vulnerability to Victimization or Sexual Aggression Screener (VVAS). This form included Facility Housing Determination results. The results are Vulnerability of Victimization; Sexually Aggressive; or Violent Aggressive. The risk level included High, Moderate or Low.

The auditor reviewed 26 Facility Housing Determination Form for compliance with this provision.

Agency Head/Designee – Q:7 / Facility Administrator – Q:22 / Designated Staff Member Charged with Monitoring Retaliation (or Facility Administrator, if no available) – Q: 1, 2, 3 / Resident in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – Q:5: Resident who Reported Sexual Abuse – Q:25

	Agency Head Designee/Chief of Staff: How do you protect residents and staff from retaliation for sexual abuse or sexual harassment allegations? The agency has established policies and procedures to help ensure both youth and staff are protected from possible allegations of sexual abuse or harassment. Policy 321 Prevention of Sexual Offenses Toward Youth, youth receive information of their rights during intake orientation. There is also a monitoring process where reporters are monitored and protected against retaliation of any kind while maintained within the facility. This is done by both the Office of Youth Services and Accountability, originally, Juvenile and Family Relations., Clinical Services and the Facility Administrator. This includes reviews related to youth disciplinary reports, housing or program changes, and for staff, negative performance reviews, and staff reassignments or other disciplinary infractions. The monitoring takes place for at least 90 days following the report and is longer if needed. Facility Administrator: For allegations of sexual abuse or sexual harassment, can you describe the different measures you take to protect residents and staff from retaliation? Management monitors the youth housing, interactions, and emotional wellbeing. Alleged abusers may be reassigned. Support services are offered. Designated Staff Member Charged with Monitoring Retaliation: What role do you play in preventing retaliation against residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations? Staff indicated they can remove the resident to another housing unit, transfer the alleged abusers to another facility, make unannounced rounds to check on the victims and request additional monitoring. Designated Staff Member Charged with Monitoring Retaliation: Do you initiate contact with residents who reported sexual abuse? Staff indicated that the monitoring and contract started with the development of the Resident Safety Plan and the Social Worker conduct the monitoring process. During the site visit there were no residents who reported sexual abuse to respond to the following question. Do you feel protected enough against possible revenge from staff or other youth because you reported what happened to you? Staff who Supervise Residents in Isolation: If residents are isolated for protection from sexual abuse, they would retain access to programs, privileges, education/ special education, and work opportunities. Staff reported that no residents have been placed in isolation for this reason so far. Staff who Supervise Residents in Isolation: Are residents placed involuntary isolation only until another separation option is available? Yes, no residents have been kept in involuntary isolation beyond this point. Staff who Supervise Residents in Isolation: Do residents in isolation receive visits from medical/mental health clinicians? Yes. Medical and Mental Health Staff: Do residents placed in isolation receive visits from medical or mental health care clinicians? Do all residents in isolation receive these

visits? How often do they receive these visits? Yes, all residents in isolation receive medical and mental health care visits. The rounds are conducted daily.

Residents in Isolation: After you were placed in isolation, do you know if there were any meetings to review whether you needed to be kept there? There were no residents in this category to respond.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.367 (c)

For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and of innates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

Review of Documents:

Pre-Audit Questionnaire: The number of times an incident of retaliation occurred in the past 12 months, facility reported 0.

The agency/facility uses the PREA Retaliation Monitoring Form. Monitoring Instructions: To be completed upon receipt of a sexual abuse allegation for monitoring staff and juveniles who report sexual abuse or for monitoring juveniles who are an alleged victim or witness of sexual abuse. Retaliation monitoring can cease if an investigation determines the allegation is unfounded or if the victim, witness, or staff is released from the institution. Transfer of juveniles or staff to another facility or unit does not discontinue the requirement for monitoring.

The agency also has a Protocol for Alleged Sexual Assault Involving Penetration. This written plan includes the following instructions:

- Prior to returning the youth to the housing unit, the facility supervisor will ensure that the alleged victim and alleged perpetrator will not have any contact.
- With 72 hours (3 calendar days) of the alleged assault, the Facility Administrator will complete the initial Safety Plan for Alleged Sexual Assault and Sexual

	Harassment (SP) from with the Sexual Assault Response Team (SART). • Within 30 calendar days of the implementation of the initial SP, the Facility Administrator will reconvene with the SART to review the initial SP and make any necessary updates. • Monitoring of the alleged victim, witnesses, and those who cooperated with the investigation for retaliation will be initiated 90 days from the date of the allegation. Facility Administrator – Q: 23 / Designated Staff Member Charged with Monitoring Retaliation (or Facility Administrator if not available) – Q: 4, 5, 6 Facility Administrator: What measures do you take when you suspect retaliation? Management investigates promptly, adjusts housing or staffing, and provides counseling. All incidents are documented and reviewed. Designated Staff Member Charged with Monitoring Retaliation: What do you look for to detect possible retaliation? What do you monitor? Staff indicated that they would monitor whether the residents are receiving additional disciplinary reports, whether resident housing is being change, program changes. If it is with staff the upper management tends to do the monitoring. They look for supervisor start given that staff negative performance or change the staff from days shift to night shift. Designated Staff Member Charged with Monitoring Retaliation: How long do you monitor the conduct of the treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse? Staff indicated that they monitor until the resident is released from the facility. It may be before the 90 days or long after the 90 days. The residents see the social work on a weekly basis. Designated Staff Member Charged with Monitoring Retaliation: If there is concern that potential retaliation might occur, what is the maximum length of time that you would monitor conduct and treatment? Staff indicated that they monitor until the resident is released from the facility. It may be before the 90 days or long after the 90 days. The residents see the social work on a weekly basis. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.367 (d)** In the case of residents, such monitoring shall also include periodic status checks.

	Review of Documents: Pre-Audit Questionnaire: In the case of residents, does such monitoring also include periodic status checks? facility reported yes. The auditor review the PREA Retaliation Monitoring Form 336A, it including the following information: Monitoring Instructions, Event Information, Date Allegation Received, Monitoring Expiration Date, Staff/Juvenile Being Monitored, Monitoring Reason, First Monitoring Review whether it Face-to-Face, Second Monitoring Review, Third Monitoring Review, Continuation (Reason for Continuation of Monitoring), Conclusion, Signature of Assigned Monitor, Copy to Facility PREA Event File, Facility Manager and Investigator (In case of referral). The auditor requested and reviewed 16 PREA Retaliation Monitoring Forms. They were compliant with the 90 days and other required timeframe. The monitoring form captured the 90- and 30-days monitoring with first, second, and third monitoring review. Continuation: Reason for continuation of monitoring and conclusions. The auditor observed the following information on The PREA Retaliation Monitoring Form: • Event Information • Type of Monitoring • Monitoring Reason • First Monitoring Review and Comments • Second Monitoring Review and Comments • Third Monitoring Review and Comments • Continuation • Conclusion Designated Staff Member Charged with Monitoring Retaliation (Administrator if nonavailable) – Q: 4 Designated Staff Member Charged with Monitoring Retaliation: What do you look for to detect possible retaliation? What do you monitor? Staff indicated that they would monitor whether the residents are receiving additional disciplinary reports, whether resident housing is being change, program changes. If it is with staff the upper management tends to do the monitoring. They look for supervisor start given that staff negative performance or change the staff from days shift to night shift. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the

requirements of this provision.

115.367 (e)

If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Review of Documents:

Pre-Audit Questionnaire: 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? facility reported yes.

The agency/facility has several protection measures to protect staff and residents who cooperate with an investigation expresses a fear of retaliation. The facility can do the following:

- Relocation of the victim or the accused within the facility.
- Relocation of the victim or the accused to another facility through transfer.
- Housing changes or transfer.
- Removal of alleged abuser.
- Development of a Safety Plan.
- Referral to a mental health practitioner for emotional support services

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.367 (f)

An agency’s obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

Review of Documents:

Note: Auditor is not required to audit this provision.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

	An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • SCDJJ Policy 500 Detention Center Admissions • Facility Administrator • Staff who Supervise Residents in Isolation • Medical and Mental Health Staff • Residents in Isolation (for risk of sexual victimization/who alleged to have suffered sexual abuse) **Reasoning and Analysis (By Provisions)** **115.368 (a)** Any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of standards 115.342. **Review of Documents:** Pre-Audit Questionnaire: The number of residents who alleged to have suffered sexual abuse who were placed in isolation in the past 12 months, facility reported 0. The number of residents who are alleged to have suffered sexual abuse who were placed in isolation have been denied daily access to large muscle exercises, and/or legally required education or special education services in the past 12 months. facility reported 0.

	The average period residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months, facility reported 0. From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include Both: A statement of the basis for facility's concern for the resident's safety, and the reason or reasons why alternative means of separation cannot be arranged, facility reported 0. SCDJJ Policy 336, Application of the PREA Standards Section F.9, youth housed in segregation for protection purposes will be done so in accordance with SCDJJ Policy 323, Isolation of Youth. SCDJJ Policy 500 Detention Center Admissions Section D. (a), Residents may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other juveniles safe, and then only until an alternative means of keeping all juveniles safe can be arranged. The auditor requested a list of residents placed in isolated from others as a last resort when less restrictive measures are inadequate to them and to keep residents safe, the facility did not have any residents that met this category during the audit period. **Facility Administrator – Q: 10, 11, 12 / Staff who Supervise Residents in Isolation – Q: 1, 2, 3, 4, 5 / Medical and Mental Health Staff – Q: 19 / Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) – Q: 1, 2, 3, 4** Facility Administrator: Describe any recent (within the last 12 months) circumstances in which isolation was used to protect a resident who was alleged to have suffered sexual abuse. Why was segregated housing used? Isolation is used only when no other safe alternative exists. In the past year, it was used briefly to protect a resident pending transfer to a safer unit. The decision was documented and reviewed. Facility Administrator: Are residents only isolated from others 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, Isolation is a last resort when less restrictive measures are inadequate. It is temporary and monitored closely. Facility Administrator: How long, ordinarily, are residents placed in isolation? Isolation is used only until a safe alternative is arranged for typically less than 72 hours. Management aims to minimize duration while ensuring safety. Medical and Mental Health Staff: Do residents placed in isolation receive visits from medical or mental health care clinicians? Do all residents in isolation receive these visits? How often do they receive these visits? Yes, all residents in isolation receive

	medical and mental health care visits. The rounds are conducted daily. Residents in Isolation: While you were in isolation or segregation (meaning when you were separated from other residents) were you able to: Go to Programs, Classes, Work and have other privileges? There were no residents in this category to respond. Residents in Isolation: Did you receive daily visits from a doctor? There were no residents in his category to respond. Residents in Isolation: About how many days or months where you held in isolation? There were no residents in his category to respond. Residents in Isolation: After you were placed in isolation, do you know if there were any meetings to review whether you needed to be kept there? There were no residents in this category to respond. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** During the facility tour, informal conversations with the staff and the PREA compliance manager indicated that if they have residents in any type of isolation, they are not denying daily large-muscle exercise and any legally required educational programming or special education services. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations:

- Pre-Audit Questionnaire
- SCDJJ Policy 336 – Application of the PREA Standards
- SCDJJ Policy 328, Investigations
- Investigative Staff
- Investigations Cases
- Investigations Notes
- Residents who Reported Sexual Abuse
- Facility Administrator
- PREA Coordinator
- PREA Compliance Manager

Reasoning and Analysis (By Provisions)

115.371 (a)

When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Review of Documents:

Pre-Audit Questionnaire: When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? facility reported yes.

SCDJJ Policy 336 – Application of the PREA Standards section B.7, all investigations of sexual misconduct investigated by the Division of Investigative Services, to include, but not limited to, sexual assault, sexual harassment, and inappropriate sexual behavior, by staff or youth, will have an investigative report completed within 45 days from the date of receipt. If additional time is required to complete the investigation, and extension request will be documented and approved through the Inspector General or designee.

A review of the policy requires that investigations into all allegations of sexual abuse and sexual harassment will be done so promptly, thoroughly, and objectively, for all allegations, including those reported third-party and an anonymously and a preponderance of evidence will be imposed or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

All allegations of sexual abuse and sexual harassment, including threats and attempts, will be immediately and aggressively investigated. The Office of Inspector General (OIG) initiated the investigation and notified South Carolina Law Enforcement Division (SLED) when sexual misconduct by staff, contractors or volunteers is alleged. OIG will conduct an internal investigation in accordance with SCDC Policy OIG-23.01, Investigations.

Investigative Staff – Q: 5, 8

Captain of Investigations: How long does it take to initiate an investigation following

an allegation of sexual abuse or sexual harassment? Investigations are typically initiated within 72 hours of the allegation of sexual harassment being reported to the investigation's unit. Sexual abuse allegations are more severe and are screened based on the totality of the circumstances. Based on the nature of the allegation an investigation may be initiated immediately. In other cases, the case will be assigned within 72 hours.

Captain of Investigations: How do you handle anonymous or third-party reports of sexual abuse and sexual harassment? Are they investigated differently? Case made by third parties or anonymous are handled the same. These incidents are screened to determine credibility of the claim. This includes identifying the victim, the suspect, the location of the incident, the time of the incident etc....

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.371 (b)

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to standard 115.334.

Review of Documents:

Pre-Audit Questionnaire: 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? facility reported yes.

SCDJJ Policy 336 – Application of the PREA Standards section C.3, in addition to general training provided to all employees and training provided by the SC Criminal Justice Academy, the Division of Investigative Services will ensure that its investigators who investigate allegations of sexual assault have specialized training as prescribed in PREA standard 115.334. Such training will be renewed every two (2) years with documentation placed in the employee's file.

A review of the investigator's National Institute of Corrections (NIC) Certificate of Completions for Online PREA: Investigating Sexual Abuse in a Confinement Setting-Advanced Investigations confirmed the acknowledgement of investigators completing the required training, and that the agency is using investigators who have received special training.

Investigative Staff – Q: 1, 2, 3

Captain of Investigations: Did you receive training specific to conducting sexual abuse and sexual harassment investigations? Yes, the investigation's unit to include criminal and administrative investigators has received a series of trainings on conducting investigations in sexual related incidents. The most recent specialized training on Investigating Sexual Abuse in a Confinement Setting was held in November of 2024.

Captain of Investigations: If yes, describe it briefly? The training was conducted in person and included lectures, scenario-based training, and questions and response. The training covered topics such as: Investigative standards, Dynamic of Sexual Abuse, First Responder and Evidence, Trauma informed, Interviewing Sexual Abuse Survivors, and Coordinating Administrative and Criminal Investigations.

Captain of Investigations: Did the training topics include:

- Techniques for interviewing juvenile sexual abuse victims?
- Proper use of Miranda and Garrity warnings?
- Sexual abuse evidence collection in confinement settings?
- The criteria and evidence required to substantiate a case for administrative or prosecution referral.

Yes, this training included all the listed topics as well as the importance of proper documentation.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.371 (c)

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Review of Documents:

Pre-Audit Questionnaire: Do investigators interview alleged victims, suspected perpetrators, and witnesses? Facility reported yes.

SCDJJ Policy 328, Investigations, Section D. 5-7:

- Investigators will normally interview victims first, followed by possible witnesses, and then any suspects.
- Investigators will provide suspects with Miranda Warnings prior to questioning them concerning the incident. Suspects may elect not to discuss the incident.
- Investigators will process crime scenes for potential physical evidence. Evidence collected requiring forensic analysis will be submitted to the SLED Crime Laboratory as soon as possible.

A review of the investigation files confirmed the agency conducts administrative (Administrative Inquiry) and criminal investigations for all allegations of sexual abuse and harassment. Over the past 12 months, there have been 25 investigations:

- Staff-on-resident sexual abuse - 8
- Staff-on-resident sexual harassment - 5
- Resident-on Resident sexual abuse - 7
- Resident-on-Resident sexual harassment - 5

Of the 25 investigation cases, the auditor reviewed 25. To determine investigation case sampling: For twenty or fewer cases, the auditor reviews at least ten. Twenty-one or more the auditor reviewed 10 cases plus an additional 10 percent of the remaining cases. Note: raw evidence is uploaded in standard 22(a) in each residents' investigation cases.
Additional Documents Review:

- Youth Grievance – Let's Talk
- Grievance Emails
- DJJ Event Report ER
- Grievance SLES Questionnaire Form
- Juvenile Allegation/Grievance and Appeal Form

Note: SCDJJ Policy 328, Investigations, states that the designated investigator must request video footage of the incident within three days of receiving the allegation. However, investigators have reported that they typically ask for video footage on the same day they are assigned the case.

The auditor reviewed the Department of Justice Civil Rights Division's April 14, 2022, Investigation Report on South Carolina Department of Juvenile Justice's Broad River Road Complex, as well as the Monitoring Report Settlement Agreement's April 2025 Investigation section. The following were the results:

- Revising Investigation Policies and Procedures (Substantial Compliance).
- Implementation Revised Investigation Policies and Procedures (Substantial Compliance).
- Video Request Following Allegation (Substantial Compliance).
- Investigations without Video (Substantial Compliance).
- Investigations When a Youth withdraws an Allegation (Substantial Compliance).

- Investigations Staff Training (Substantial Compliance)

The agency PREA Coordinator confirmed that the results for the Monitoring Report Settlement Agreements are implemented throughout the agency. The full report is on the South Carolina Juvenile Justice Department website.

Investigative Staff – Q:6, 7, 9

Captain of Investigations: What would be the first steps in initiating an investigation and how long would it take? The first step to initiating an investigation is the review of all documentation associated with the incident or allegation. A notification is then made to the case investigator vis email. Cases requiring an immediate response after working hours may require notification to be made via phone. The time for this process varies but typically occurs within 24-72 hours.

Captain of Investigations: Please describe the investigation process. Upon receiving an allegation of a PREA related incident. The case is assigned for investigation. The case will be assigned to the appropriate criminal or administrative investigator. The investigation includes a review of documentation, footage, and evidence when available. Investigators will typically interview the victim first, followed by witnesses, and the suspect last. In some cases, the investigators may conduct follow-up investigations with the victims. All cases are staff with an investigations supervisor and reviewed for approval. Cases requiring prosecution are submitted to the proper prosecutorial authority. Administrative cases are submitted to the appropriate manager. At the conclusion of the case all findings are submitted to the COI-PREA/Compliance unit.

Captain of Investigations: Please describe any direct and circumstantial evidence you would be responsible for gathering in an investigation of an incident of sexual abuse. The investigator is responsible for gathering all evidence associated with the case. This includes items directly used in the incident and clothing. Video footage and medical documentation. Statements and logs from the facility. This includes physical evidence and DNA. Investigators are also responsible for ensuring that all appropriate evidence is logged and submitted to evidence technician.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.371 (d)

The agency shall not terminate an investigation solely because the source of the

	allegations recants the allegation. **Review of Documents:** Pre-Audit Questionnaire: Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegations? Facility reported yes. SCDJJ Policy 328, Investigations, Section F.3, The employee can be disciplined for policy violations up to and including termination without waiting for the court system to dispose of any criminal charges and without compromising the criminal case because management review and a criminal investigation are two (2) separate and distinct processes. A review of the investigation files confirmed the agency conducts administrative (Administrative Inquiry) and criminal investigations for all allegations of sexual abuse and harassment. Over the past 12 months, there have been 1 investigation. Of these investigations there was no evidence that any cases were terminated, or allegations recants. **Investigative Staff – Q:16** Captain of Investigations: Does an investigation terminate if the source of the allegation recants his/her allegations? The agency does not terminate an investigation if the victims recant the allegations. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.371 (e)** When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported yes.

	SCDJJ Policy 328, Investigations, Section D. 6-8: • Investigators will document all investigative activity and findings by preparing a Final Investigative Report that will be reviewed by the Chief of Criminal Investigations and Inspector General prior to submission for judicial review. • All completed criminal investigations will be forwarded to the appropriate Magistrate or Solicitor to determine if a probable cause exists for criminal charges. • Arrest warrants for adult charges will be obtained from the appropriate Magistrate. Upon issue, arrest warrants will be served as expeditiously as possible. The facility reported that when evidence of a potential prosecutable crime is discovered, they may consult with prosecutors before conducting compelling interviews. Investigators, as trained investigators, are not required to consult with prosecutors before conducting interviews. The attorney is a staff member who provides guidance when necessary. **Investigative Staff – Q: 10** Captain of Investigations: When you discover evidence that a prosecutable crime may have taken place, do you consult with prosecutor before you conduct compelled interviews? No. Investigators may consult with the solicitation office (prosecutors). However, it is not a requirement. Interviews are conducted throughout the investigation process. Suspects are provided with their Miranda Rights and complete Advisement of Rights form acknowledging they understand their rights and are willing to speak with the investigators or they are not willing to speak with investigators. This process typically takes place on body camera or is recorded. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.371 (f)** The credibility of an alleged victim, suspect, or witness shall be assessed on an individual as is and shall not be determined by the person’s status as resident or staff. No agency requires a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. **Review of Documents:**

	Pre-Audit Questionnaire: Do agency investigators assess the credibility of a victim, suspect or witness on an individual basis and not on the basis of that individual's status as resident or staff? facility reported yes. A review of the investigation files confirmed the agency conducts administrative (Administrative Inquiry) and criminal investigations for all allegations of sexual abuse and harassment. Over the past 12 months, there have been 1 investigation. The auditor examined the documentation in the investigation cases and found that the credibility of an alleged victim, suspect, or witness is assessed on an individual as is and not be determined by the staff or resident status. This is based on the required documentation in the files. **Investigative Staff – Q: 11, 12 / Resident Interview Questionnaire – Q: 21 / Residents who Reported a Sexual Abuse – Q: 17** Captain of Investigations: On what basis do you judge the credibility of an alleged victim, suspect, or witness? Investigators follow the evidence and the facts of the case. However, investigators may review past reports and the history of the youth involved. This will not affect the investigative process but may be used as a reference to establish rapport and get an understanding of the youth involved. Captain of Investigations: Would you, under any circumstances, require a resident who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation? No. Under no circumstances would the agency require a youth that alleges sexual abuse to submit to a polygraph or truth-telling device as a condition for proceeding with the investigation. Sixteen random residents were interviewed by the auditor's non-certified support staff: Four Whites, Elven Blacks, and One Hispanic. All sixteen were randomly selected from different housing units. Do you know if the facility required you to take a polygraph test (lie detector test) to investigate abuse? The responses from the interviewed residents included "I don't know" and "I don't think so," with no one indicating "yes." During the site visit there were no residents who reported sexual abuse to respond to the following question. Did the facility require you to take a polygraph test (lie-detector test) about what happened to you? **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

	115.371 (g) Administrative Investigations: • Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and • Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. **Review of Documents:** Pre-Audit Questionnaire: Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? facility reported yes. SCDJJ Policy 328, Investigations, Section F 1-11: • The purpose of an administrative inquiry is to determine if policy violations occurred. • Statements and information developed during the criminal investigation may be used in the administrative inquiry. • If the allegation does not involve criminal activity, but may include policy violations by staff, it will be assigned directly to Management Review without a criminal investigation. • The employees involved in an administrative inquiry can be compelled to provide a statement. This statement must be full, complete and truthful. Failure to provide a full, complete and truthful statement will be considered insubordination. • At the discretion of the Inspector General, a polygraph examination of the employee may be required. • As with the criminal investigation, the victim will be interviewed first, if possible, followed by any witnesses to the event. The subject of the inquiry will be interviewed last. • The subject will read, initially, and sign the Administrative Inquiry Advisement (Form 328A), which outlines the employee’s rights and responsibilities in an administrative inquiry. • If information is received that could lead to a possible criminal charge at any time during the course of an administrative inquiry, the Quality Control Manager will stop the inquiry and return the case to the Chief of Criminal Investigations for review and reassignment. • Following the administrative inquiry, a report of findings and recommendations will be issued. The Quality Control Manager and the Inspector General will review reports and make a final determination whether any policy violations occurred in the alleged incident. • The administrative Inquiry Report will be forwarded to the Inspector General, with a copy going to the Executive Management Team members who have responsibility for the employee. • In determining if a case violates policy, the burden of proof is a preponderance of evidence. If it is more likely that not that a violation occurred, the case is

substantiated.

The agency administrative process includes an effort to determine whether staff actions or failures to act contributed to the abuse and be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Example of failure to act includes leaving the officer assigned posted and not conducting required rounds.

Investigative Staff – Q:17, 18

Captain of Investigations: What efforts do you make during an administrative investigation to determine whether staff actions or failures to act contributed to sexual abuse? Yes, administrative investigators document administrative investigations in written reports. These reports include documentation, Garrity rights form, and what policies that staff may have violated such as leaving their post or sleeping on the job are investigated.

Captain of Investigations: Do you document administrative investigations in written reports? What information do you include in these reports? Yes, administrative investigators document administrative investigations in written reports. There reports include documentation, DJJ Event Report ER, PREA Investigation Checklist, Summary of Findings, Resident Statements, Staff Statements, Safety Plan (SP) for Alleged Sexual Abuse and Sexual Harassment, Administrator to Administrator PREA Notification, Retaliation Monitoring, Disciplinary Sanctions for Staff, Resident Grievance Report (Sexual Abuse/Harassment), Lastly, the findings of substantiated, unsubstantiated, unfounded, or referred to criminal investigations.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, juveniles, and a review of relevant policies confirmed that the facility is complying with the provisions of this standard.

115.371 (h)

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

Review of Documents:

Pre-Audit Questionnaire: Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attach copies of all documentary evidence where feasible? Facility

	reported yes. SCDJJ Policy 328, Investigations, Section E. 1-6: • Allegations serious in nature with potential criminal violations will be assigned to the Criminal Investigations Section for criminal investigation. • Criminal Investigators will normally interview victims first, followed by possible witnesses, and then any suspects. • Criminal Investigators will provide suspects with Miranda Warnings prior to questioning them concerning the incident. Suspects may elect not to discuss the incident. • Investigators will process crime scenes for potential physical evidence. Evidence collected requiring forensic analysis will be submitted to the SLED Crime Laboratory as soon as possible. • Polygraphs can be used as an investigative tool, but suspects cannot be compelled to submit being. • of criminal investigations involving employees, the Chief of Criminal Investigations will forward the case to the Quality Control Manager for a reassignment to the Management Review for an administrative inquiry. All information developed during the criminal investigation may be used to complete the administrative inquiry. Note: SCDJJ Policy 328, Investigations, states that the designated investigator must request video footage of the incident within three days of receiving the allegation. However, investigators have reported that they typically ask for video footage on the same day they are assigned the case. The auditor reviewed the Department of Justice Civil Rights Division's April 14, 2022, Investigation Report on South Carolina Department of Juvenile Justice's Broad River Road Complex, as well as the Monitoring Report Settlement Agreement's April 2025 Investigation section. The following were the results: • Revising Investigation Policies and Procedures (Substantial Compliance). • Implementation Revised Investigation Policies and Procedures (Substantial Compliance). • Video Request Following Allegation (Substantial Compliance). • Investigations without Video (Substantial Compliance). • Investigations When a Youth withdraws an Allegation (Substantial Compliance). • Investigations Staff Training (Substantial Compliance) The agency PREA Coordinator confirmed that the results for the Monitoring Report Settlement Agreements are implemented throughout the agency. The full report is on the South Carolina Juvenile Justice Department website. **Investigative Staff – Q: 19** Captain of Investigations: Are criminal investigations documented what is contained in that report? The report included all of the documents stated above.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Review site review outlined in provision (g).

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.371 (i)

Substantiated allegations of conduct that appear to be criminal shall be referred to for prosecution.

Review of Documents:

Pre-Audit Questionnaire: The number of substantiated allegations of conduct that appear to be criminals that were referred to for prosecution since August 20, 2012, or since the last PREA audit, whichever later, facility reported yes.

SCDJJ Policy 328, Investigations, Section D. 6-9:

- Investigators will document all investigative activity and findings by preparing a Final Investigative Report that will be reviewed by the Chief of Criminal Investigations and Inspector General prior to submission for judicial review.
- All completed criminal investigations will be forwarded to the appropriate Magistrate or Solicitor to determine if a probable cause exists for criminal charges.
- Arrest warrants for adult charges will be obtained from the appropriate Magistrate. Upon issue, arrest warrants will be served as expeditiously as possible.
- Petitions for family court issues will be filed with the appropriate Solicitor's Office.

A review of the investigation files confirmed the agency conducts administrative (Administrative Inquiry) and criminal investigations for all allegations of sexual abuse and harassment. Over the past 12 months, there have been 1 investigation. Of these investigations 0 were referred to for prosecution.

Investigative Staff – Q: 13

Captain of Investigations: When do you refer to cases for prosecution? Cases are assigned criminally when the allegations have a potential criminal element. If probable cause exists that a criminal act took place these cases will be referred to by the proper prosecutorial authorities.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.371 (j)

The agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse is committed by a juvenile resident and applicable law requires a shorter period of retention.

Review of Documents:

Pre-Audit Questionnaire: 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? facility reported yes.

SCDJJ Policy 328, Investigations, Section H.3, Investigative records will be maintained for 7 years and then destroyed.

Agency policy includes that the departure of the alleged abuser or victim from employment or control of the facility or agency will not terminate the investigation.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Review site review outlined in provision (g).

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.371 (k)

The departure of the alleged abuser or victim from employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Review of Documents:

Pre-Audit Questionnaire: Does the agency ensure that the departure of an alleged abuser or victim from employment or control of the facility or agency does not

provide a basis for terminating an investigation? Facility reported yes.

A review of the investigation files confirmed the agency conducts administrative (Administrative Inquiry) and criminal investigations for all allegations of sexual abuse and harassment. Over the past 12 months, there have been 1 investigation. Of these investigations there was no evidence that any cases were terminated for departure of an alleged abuser or victim.

Investigative Staff – Q:14

Captain of Investigations: How do you proceed when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct? When a staff member terminates employment during a sexual abuse investigation. This information is shared with the agency Human Resources. It is noted that the employee terminated employment during investigation. However, the case continues. If the evidence supports an arrest the former employee is still arrested and prosecuted. If the victim leaves prior to the completion of the investigation.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.371 (l)

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

Review of Documents:

Auditor is not required to audit this provision.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

	115.371 (m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported yes. Informal conservation indicated that when an external agency looks into sexual abuse, the facility will collaborate and stay update on the developments through the investigator and the PREA Coordinator. In an informal conversation with the PREA Coordinator, she shared that when an outside agency investigates allegations of sexual abuse, the facility will remain updated on investigation's progress through the investigator. The PREA Compliance Manager (PCM) confirmed that the facility will receive investigation information through the investigator and the PREA Coordinator. **Facility Administrator – Q: 26 / PREA Coordinator – Q: 9 / PREA Compliance Manager – Q:13 / Investigative Staff – Q: 15** Captain of Investigations: When an outside agency investigates an incident of sexual abuse in this facility, what role do you play? SCDJJ investigators service as the investigative authority in most cases. However, in instance where the South Carolina Law Enforcement Division (SLED) is called into investigating SCDJJ investigations will assist SLED with any requests made and serve as a lesion between SLED and the agency during the investigation process. Facility Administrator: How does the facility remain informed of the progress of a sexual abuse investigation? The facility maintains contact with the investigating agency and request regular updates. All communication is documented. The PREA Coordinator stated that when an outside agency investigates, the agency stays updated on the sexual abuse investigation by maintaining contact with the South Carolina Law Enforcement Division through the Agency's Public and Safety Office, which oversees all investigations. Facility PREA Compliance Manager: How does the facility remain informed of the progress of a sexual abuse investigation? The outside agency investigating will communicate through the Captain over SCDJJ's Public Safety over investigations or the agency PREA Coordinator and they will distribute the information to the appropriate Facility Administrator and PREA Compliance Manager. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required**

	Provision Findings: An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • Investigative Staff **Reasoning and Analysis (By Provisions)** **115.372 (a)** The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported yes. The auditor examined the documentation in the investigation cases, both criminal and administrative indicated that the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. **Investigative Staff – Q: 20** Captain of Investigations: What standard of evidence do you require to substantiate allegations of sexual abuse or sexual harassment? Administrative investigators used

	the standard of preponderance of the evidence to substantiate allegations of sexual abuse or sexual harassment. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • Facility Administrator • Investigative Staff • Resident who Reported Sexual Abuse **Reasoning and Analysis (By Provisions)** **115.373 (a)** Following an investigation into a resident’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. **Review of Documents:** Pre-Audit Questionnaire: The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/ facility in the past 12 months, facility report 8.

	Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigations, facility reported 8. **Facility Administrator – Q: 27 / Investigative Staff – Q: 21** Captain of Investigations: Are you aware that when a resident makes an allegation on sexual abuse, he or she must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfunded following an investigation. Yes, Agency policy requires that the youth making the allegations be provided with the finding of the case. The facility management completes this part of the investigation. Facility Administrator: Does your facility notify a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation? Yes. Residents are informed whether the allegation was substantiated, unsubstantiated, or unfounded. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Required** **Resident Notifications** The auditor reviewed 25 investigations for the past 12 months. Of the 25 investigations cases, 24 were pending. According to the facility, they are pending because the Office of Investigations has not shared the findings with the PREA Office or Facility (Standard 115.322). It was determined that this caused a major problem with the facility being PREA compliant with several PREA standards. The auditor is concerned that because the Office of Investigations are not sending the case findings to the PREA Office or the Facility, the residents are not being notified as required by PREA. **Corrective Action (s):** On June 30, 2026, the auditor received 21copies of the letter of Resident Notifications. Five (5) were signed by residents still at the facility, and sixteen (16) were mailed to the resident last known address. As of July 2, 2026, this provision is compliant. **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.373 (b)**

	If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the residents. **Review of Documents:** Pre-Audit Questionnaire: The number of investigations of alleged resident sexual abuse in the facility that was completed by an outside agency in the past 12 months, facility reported 0. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were not notified verbally or in writing of the results of the investigation, facility reported 0. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** A review of the appropriate documents to include the facility PAQ, interviews and informal conversations with staff, juveniles, and a review of relevant policies corroborate that the facility is complying with the provisions of this standard. **115.373 (c)** Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the residents' unit. • The staff is no longer employed at the facility. • The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported yes. Conversations with the facility PREA compliance manager indicated that following an allegation by an resident that a staff member committed sexual abuse, the resident will be informed of the results, unless the allegation is determined to be unfounded. Resident who Reported a Sexual Abuse – Q: 21, 22

During the site visit there were no residents who reported sexual abuse to respond to the following question. Was the person who did this to you a facility staff member or another resident?

During the site visit there were no residents who reported sexual abuse to respond to the following question. If the allegation involved a staff member. Were you told if and when this staff person: Was no longer working in your housing area; was no longer working at the facility; was charged for this offense; and/or was found guilty for this offense?

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.373 (d)

Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:

- The agency learns that the alleged abuser has been indicated on a charge related to sexual abuse within the facility; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Review of Documents:

Online Pre-Audit Questionnaire: 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 found 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? facility reported yes.

Resident who Reported a Sexual Abuse – Q: 23

During the site visit there were no residents who reported sexual abuse to respond to the following question. Were you told if and when this resident: had been charged for this offense; and had been found guilty of it?

During the site visit there were no residents who reported sexual abuse to respond to the following question. Do you feel safe in this facility?

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.373 (e)

All such notifications or attempted notifications shall be documented.

Review of Documents:

Pre-Audit Questionnaire: In the past 12 months, the number of notifications to residents that were provided pursuant to this standard, facility did not report. Of those notifications made in the past 12 months, the number that was documented, facility did not report yes.

Review of the policy requires the facility's PCM to ensure that alleged victim is provided notification of whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded by completing and have the residents sign that he/she has received a copy of form. The original is placed in the confined person's PREA case Documents in the PCM's office.

During the site visit there were no residents at the facility who reported sexual abuse for the non-certified assistant to interview regarding whether the facility informed the resident if and when the staff member was no longer posted within the unit; and the staff member was no longer employed at the facility.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.373 (f)

An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.

Review of Documents:

Note: Auditor is not required to audit this provision.

	Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • SCDJJ Policy 228, Progressive Employee Discipline **Reasoning and Analysis (By Provisions)** **115.376 (a)** Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. **Review of Documents:** Pre-Audit Questionnaire: Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies, facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section G.3, consistent with SCDJJ Policy 228, Progressive Employee Discipline, the presumptive disciplinary sanction for staff who have engaged in sexual relations with a youth is termination.

	SCDJJ Policy 228, Progressive Employee Discipline Section D: Form of Disciplinary Action- The severity of disciplinary action imposed should reflect the severity of the offense. Repeated misconduct will generally be disciplined more severely than first misconduct. Some misconduct may be so serious as to warrant termination for a first offense. Disciplinary actions that involve suspension, demotion, involuntary reassignment or termination of an employee will be reviewed with the Department's Human Resources Office (OHR) and the Department's Legal Counsel prior to the action being taken. During the documentation review of investigations files, there were 0 terminations relative to sexual abuse/sexual harassment. If allegations of criminal conduct are substantiated, they will be referred to the appropriate solicitor for prosecution. Additionally, staff may face corrective action up to termination for violating agency sexual abuse or harassment policies. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.376 (b)** Termination shall be the presumptive disciplinary sanction for having engaged in sexual abuse. **Review of Documents:** Pre-Audit Questionnaire Indicated: In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies, facility reported 0. 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, facility did not report. SCDJJ Policy 228, Progressive Employee Discipline Section "Progressive Discipline Guidelines/Standards Chart: #23 – Sexual relations with a juvenile or resident First Offense – Termination; and #24 – Lewd conduct toward or with a juvenile (on or off the job) First Offense – Termination. A review of the investigation cases indicated that the facility has not terminated anyone for violating agency sexual harassment policy.

	Informal conservation with Facility Administrator if allegations of conduct that appear to be criminal are substantiated; referral will be made to the appropriate solicitor for prosecution. Additionally, staff will be subject to agency corrective action for violating agency sexual abuse or sexual harassment policies up to and including termination. The agency/facility standard will be the presumptive disciplinary sanction for having engaged in sexual abuse is termination. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.376 (c)** Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. **Review of Documents:** Pre-Audit Questionnaire: In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than engaging in sexual abuse, facility reported 0. The auditor reviewed investigation case which include information that consider past acts of the employee disciplinary decisions for violating agency sexual abuse and sexual harassment policies or any agency policies. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.376 (d)**

	All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. **Review of Documents:** Pre-Audit Questionnaire: In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies, facility reported 0. The agency/facility indicated that all terminations for violations of the facility's sexual abuse or sexual harassment policies, or staff resignations related to violations of the policy, will be reported to law enforcement, unless the activity is clearly not criminal. In addition, it will be reported to relevant licensing bodies. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.377	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 914 Volunteer Services Manager • Facility Administrator

Reasoning and Analysis (By Provisions)

115.377 (a)

Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Review of Documents:

Pre-Audit Questionnaire: In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents, facility did not report.

SCDJJ Policy 914 Volunteer Services Manager Section K1: Volunteer provide services at will. They may choose to terminate support at any time and may be released by the Manager of Volunteer Services at any time. (2) A volunteer will be subject to progressive disciplinary action up to and including suspension and/or termination for any of the following:

- Abuse or neglect of a juvenile.
- Arrest or unlawful conduct.
- Breach of confidentiality concerning juvenile information or other privileged information.
- Breach of DJJ office, or facility policy or procedure.
- Establishing an inappropriate relationship with a juvenile.
- Providing falsified information on the volunteer application.
- Sexual misconduct.
- Violations of the Policies and Procedures related to volunteering.

The documentation indicates that the following actions will result in immediate termination of volunteer status.

- Developing or attempting to develop a romantic, sexual or otherwise inappropriate relationship with a juvenile.
- Physical or verbal abuse of a juvenile or staff.

The auditor reviewed the agency polices which indicated that if criminal, any contractor, or volunteer who engages in sexual abuse will be prohibited from contact with residents and reported to law enforcement. This information is also located in the contractor’s and volunteer’s orientation training.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable

policies, confirms that the facility is in compliance with the requirements of this provision.

115.377 (b)

The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Review of Documents:

Pre-Audit Questionnaire: In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteers, does the facility take appropriate remedial measures, and consider whether to prohibited further contact with residents, facility reported yes.

SCDJJ Policy 914 Volunteer Services Manager Section K4: Upon receipt of written documentation or a verbal report that is credible indicating the possible need to terminate a volunteer or volunteer organization, the Director of Volunteer Services will review the circumstances and determine if the volunteer or organization services should be suspended pending a review. If the Manager of Volunteer Services is unable to make a decision, the facts will be presented to the Inspector General or the appropriate Deputy Director/Associate Deputy for the final decision.

Facility Administrator – Q: 24

Facility Administrator: In the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does your facility take remedial measures and prohibit further contact with residents? Yes. The facility will always prohibit further contact with residents. The contractor or volunteer person's visitation access to the institution may be barred, suspended, or temporarily reassigned to a different location or program until further notice.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

Overall Findings:

The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on

	analysis, the facility is compliant with all provisions in this standard.

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 924 Juvenile Behavior Management – Incentive System and Progressive Discipline • Facility Administrator • Medical and Mental Health **Reasoning and Analysis (By Provisions)** **115.378 (a)** A resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse. **Review of Documents:** Pre-Audit Questionnaire: In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that occurred at the facility, facility reported 8. In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility, facility did not report. SCDJJ Policy 924 Youth Behavior Management – Incentive System and Progressive Discipline Section B.2.a – Disciplining Negative Behavior of the Youth (a) Progressive discipline addresses minor (Level 1), medium (Level 2), and maximum (Level 3) Rule Violations (s) and sanctions for those rule violations outlined in the Juvenile Progressive Discipline Chart (Exhibit 924A). The sanctions imposed are to be directly targeted to address the juvenile's specific inappropriate behavior with the intent and purpose of prompting the juvenile to comply with rules. Sanctions (s) will be imposed fairly and equitably, and staff will practice imposing the same level of sanctions (s) for the same types of violation (s). Multiple sanctions may be given when appropriate to the situation (e.g., loss of privilege, written letter of apology, referral to clinician, and work/chores assignment. Review the agency/facility disciplinary process in place for residents who violate the rules of the facility which includes incidents of sexual abuse. Sanctions for residents

violating agency policy vary depending upon the level of the violation.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.378 (b)

Any disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the residents' disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

Review of Documents:

Pre-Audit Questionnaire: In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse, facility reported 0.

In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services, facility reported 0.

In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities, facility reported 0.

Facility Administrator – Q: 25

Facility Administrator: What disciplinary sanctions are residents subject to following and administrative or criminal finding the resident engaged in resident-on-resident sexual abuse? Sanctions are proportionate and may include loss of privileges, counseling, or transfer.

- Are the sanctions proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories? Yes, the facility considers

	the nature of the abuse, history, and consistency with similar cases. • Is mental disability or mental illness considered when determining sanctions? Yes, mental health evaluations inform disciplinary decisions. • Do you use isolation as a disciplinary sanction? Rarely, and only when no other safe alternative exists. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.378 (c)** The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, in any, should be imposed. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported yes. **Facility Administrator – Q: 25** Facility Administrator: What disciplinary sanctions are residents subject to following and administrative or criminal finding the resident engaged in resident-on-resident sexual abuse? Sanctions are proportionate and may include loss of privileges, counseling, or transfer. • Are the sanctions proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories? Yes, the facility considers the nature of the abuse, history, and consistency with similar cases. • Is mental disability or mental illness considered when determining sanctions? Yes, mental health evaluations inform disciplinary decisions. • Do you use isolation as a disciplinary sanction? Rarely, and only when no other safe alternative exist. **Observation & Test of Critical Functions (Videos, Informal Conversations,**

	Site Reviews): NR **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.378 (d)** If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident participate in such interventions. The agency may require participation in such interventions as an incentive, but not as a condition to access general programming or education. **Review of Documents:** Pre-Audit Questionnaire: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, facility reported yes. The facility offers social worker counseling, or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending offender to participate in such interactions as a condition of access to programming or other benefits. Policy affirms that a confined person may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. These residents will receive a treatment plan. **Medical and Mental Health – Q: 6, 7** Medical and Mental Health Staff: If the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse, does the facility consider whether to offer these services to the offending residents? No, the facility does not have or offer these types of therapy services. The facility does have Social Workers. Medical and Mental Health Staff: When you provide these services, do you require a resident’s participation as a condition of access to programming or other benefits? No. Residents are not required to participate as a condition of access to programming or other facilities services. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required**

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.378 (e)

The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Review of Documents:

Pre-Audit Questionnaire: 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? facility reported yes.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Informal conversation with the facility PREA compliance manager indicated that the facility may discipline a confined person for sexual contact with staff only upon finding that the staff member did not consent to such contact and if the discipline confined person been proven that staff member did not consent to the conduct.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.378 (f)

For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Review of Documents:

Pre-Audit Questionnaire: 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? facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section G.4, Youth who willingly

	submit a false report will be subject to discipline consistent with SCDJJ Policies 328, Investigation and 924 Youth Behavior Management – Incentive System and Progressive Discipline. 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 sufficient to substantiate the allegation. Any residents conclusively found to have Documents an intentionally false report alleging sexual abuse will be subject to disciplinary action through the resident's disciplinary system. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.378 (g)** An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. **Review of Documents:** Pre-Audit Questionnaire: Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section G.5, any youth who willingly has a sexual relationship with a staff member, another youth, contractor or a volunteer will be subject to discipline consistent with SCDJJ Policy 924, Youth Behavior Management – Incentive System and Progressive Discipline. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Informal Conversation with the Facility Administrator reported that SCDJJ prohibits sexual activity between residents and may discipline residents proven but does not consider such activity sexual abuse unless an investigation and preponderance of the evidence prove otherwise. **Corrective Action: Not Required** **Provision Findings:**

	An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • SCDJJ Policy 500 Detention Center Admissions • SCDJJ Policy 124 Confidentiality and Release of Juvenile Information • Protocol for Alleged Sexual Assault Involving Penetration • Resident who Discloses Sexual Victimization at Risk Screening • Staff Responsible for Risk Screening • Medical and Mental Health Staff **Reasoning and Analysis (By Provisions)** **115.381 (a)** If the screening pursuant to standard 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. **Review of Documents:** Pre-Audit Questionnaire: 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, facility did not report. SCDJJ Policy 336, Application of the PREA Standards Section H.1, consistent with SCDJJ Policies 321, Prevention of Sexual Offenses towards Youth; 503, Long Term

Facility Admissions; 501, Evaluation Center Intake Operational Process, and 500, Detention Center Admissions, youth will be screened for prior sexual abuse, victimization and potential for abusiveness. Results from the screening will be used for physical and mental health evaluations, program inclusion, and housing assignments.

SCDJJ Policy 500 Detention Center Admissions Section D: If the screening indicates that a juvenile has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or not, the Evaluation Center Multidisciplinary Team shall ensure the juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 business days of the intake screening. Medical and mental health practitioners shall obtain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

The agency facility provides that residents who reported during initial screening that they were a victim or perpetrator of sexual abuse are offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. A review of documentation demonstrates that residents are offered follow-up meetings in a timely manner. This information was also confirmed through interviews with target-residents.

Resident who Discloses Sexual Victimization at Risk Screening – Q: 1 / Staff Responsible for Risk Screening – Q: 12

Staff Responsible for Risk Screenings: 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 you offer a follow up meeting with a medical and/or mental health practitioner? Yes.

Two residents were interviewed by the auditor’s non-certified support staff, using the PRC random sample questionnaire for residents. When you told someone here that you had been sexually abused, did he or she ask if you wanted to meet with a doctor (medical or mental health care practitioner)? The interviewed residents reported the following: Yes, I spoke with a Social Worker after a couple of days. Yes, I spoke with a therapist right away. No, I don’t need help. “I have it in the past”.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.381 (b)

	If the screening pursuant to standard 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. **Review of Documents:** Pre-Audit Questionnaire: In the past 12 months, the percentage of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow-up meeting with a mental health practitioner, facility reported yes. SCDJJ Policy 500 Detention Center Admissions Section D: If the screening indicates that a juvenile has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or not, the Evaluation Center Multidisciplinary Team shall ensure the juvenile is offered a follow-up meeting with a medical or mental health practitioner within 14 business days of the intake screening. Medical and mental health practitioners shall obtain informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18. **Staff Responsibilities for Risk Screening – Q: 13** Staff Responsible for Risk Screenings: If a screening indicates that a resident previously perpetrated sexual abuse, do you offer a follow up meeting with a mental health practitioner? Yes. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.381 (c)** Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported no.

SCDJJ Policy 500 Detention Center Admissions Section C: Dissemination within the facility of responses to questions in the screening is strictly limited to medical and mental health practitioners and, as necessary, to inform treatment plans and security and management decisions, including housing, bed, education, and program assignments in order to ensure that sensitive information is not exploited to the juveniles' detriment by staff or other juveniles and that all juveniles are kept safe and free from sexual abuse. Completed screening instruments will be retained in the juvenile's file and restricted to those authorized to access juvenile records.

The agency indicated that a resident who reports during initial screening that they were a victim or perpetrator of sexual abuse is offered a follow-up visit with medical or mental health staff within 14 days of the intake screening. A review of documentation demonstrates that residents are offered follow-up meetings in a timely manner.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):

Observe the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA standards.

Observe the electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards – password protected, accessible only in certain areas, role-based security).

Have informal conversations with staff regarding access to secure information including medical and mental health files, sexual abuse and sexual harassment reports.

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.381 (d)

Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.

Review of Documents:

Pre-Audit Questionnaire: 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? facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section H.2, Medical and mental practitioner will follow all directive regarding confidentiality as outlined in SCDJJ Policy 124, Confidentiality and Release of Youth information.

SCDJJ Policy 124 Confidentiality and Release of Juvenile Information Section C.1.a: A juvenile age 16 or older may execute an authorization to release records/ information, including protected health information, for all of his/her record information using the Authorization to Release Information (Form 124A). The juvenile's parent/guardian or personal representative's written consent is required for a juvenile under age 16 to release PHI. Parent/guardian or personal representative's written consent is required for a juvenile age 16 or older that is incapacitated.

The agency also has a Protocol for Alleged Sexual Assault Involving Penetration. This written plan includes the following instructions:

- The clinician of record or the on-call clinician will ensure that the youth parents, SCDJJ county office representative, Classification Coordinator, and/or any other individuals responsible for the care, custody, or guardianship of the youth are notified of the allegation and the youth's current status.
- When the examination begins, all accounts of the incident will be given by the youth without any assistance from a SCDJJ employee or representative.
- Youth 14 years of age and older are authorized to sign any documentation needed for a physical forensic examination. Youth under the age of 14 will require a signature from an authorized SCDJJ employee.

The auditor reviews the Child Protection Reform Act requires the reporting of any suspected abuse or neglect occurring to a child, age 17 and under. The Omnibus Adult Protection Act requires the reporting of suspected abuse, neglect, or exploitation of a vulnerable adult, age 18 and above.

The auditor also reviewed South Carolina Code of Lae Unannotated Title 63 SC Children's Code Chapter 7 Article 1: The following positions and/or people are required to report and/or mandatory Reporters: Clerical or nonclerical religious counselor who charges for services; school teacher, counselor, principal, assistant principal; school attendance officer; social or public assistance worker; substance abuse treatment staff; or childcare worker in a childcare center or foster care facility; police or law enforcement officer; and juvenile justice worker.

Medical and Mental Health Staff – Q: 8, 9

Medical and Mental Health Staff: Do you obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting? Yes, they must consent prior to any disclosure of prior incidents outside of the mandatory reporting requirements for the agency.

	Medical and Mental Health Staff: Do you have a separate informed consent process for residents under the age of 18? Yes. Advising youth incidents must be reported to all pertinent individuals immediately. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • Emergency Medical Treatment and Labor Act “Survey of Hospital Emergency Department (January 2001 OEI-09-00220) • SCDJJ Policy 336, Application of the PREA Standards • Protocol for Alleged Sexual Assault Involving Penetration • Medical and Mental Health Staff • Residents who Reported Sexual Abuse • Security Staff and Non-Security Staff First Responders **Reasoning and Analysis (By Provisions)** **115.382 (a)** Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to

their professional judgment.

Review of Documents:

Pre-Audit Questionnaire: 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 judgement? Facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section H.3, Pursuant to South Carolina State Law and SCDJJ Policy 918, Youth Rights and Responsibilities; SCDJJ Policy 601 Scope of Health Services and Responsible Health Authority, and SCDJJ Policy 321, Prevention of Sexual Offenses Towards Youth, all youth will have unimpeded access to emergency contraception and sexually transmitted infection prophylaxis without financial cost to youth.

Medical and Mental Health Staff – Q: 10 11, 12 / Residents who Reported a Sexual Abuse – Q:4

Medical and Mental Health Staff: Do resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services? Yes.

Medical and Mental Health Staff: How fast does this typically occur? Immediately and when it is safe to do so.

Medical and Mental Health Staff: Are the nature and scope of these services determined according to your professional judgement? Yes, all care is customized for the needs of the patient and the overall professional judgement.

During the site visit there were no residents who reported sexual abuse to respond to the following question. Did you see a medical or mental health doctor/nurse immediately after you reported the abuse?

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.382 (b)

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.362 and shall immediately

notify the appropriate medical and mental health practitioners.

Review of Documents:

Pre-Audit Questionnaire: If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, staff first responders take preliminary steps to protect the victim pursuant to 115.362: facility reported yes.

The agency also has a Protocol for Alleged Sexual Assault Involving Penetration. This written plan includes the following instructions:

- The first responder will ensure the safety of the alleged victim by separating them from their alleged perpetrator and secure the location of the alleged assault to preserve evidence.
- The supervisor will ensure the alleged victim is seen by a medical professional, and all pertinent individuals are notified immediately.
- A SCDJJ medical professional (registered nurse, nurse practitioner, or physician) will assess the youth and provide treatment of any injuries or conditions requiring immediate care.
- If determined that the youth will be seen at a local hospital, the youth will be transported by EMS or By SCDJJ personnel and will be transported in accordance with policy 319, Transport Youth.
- When arriving at the hospital, SCDJJ security personnel will ensure that the youth remain in sight and/or sound supervision.

Security Staff and Non-Security Staff First Responders – Q:1

Security Staff First Responder: Can you describe the actions you have taken as a first responder to an allegation of sexual abuse? Informal conversation with security staff that describe their action as a first responder started by indicating that they have not serve as a first responder for a sexual abuse. However, they describe if they were to respond they would: Separate the victim and the abuser, preserve the evidence by protecting the crime scene, not letting the victim or abuse destroy DNA evidence by letting them drink, eat, changing clothes, urinating, and immediately contacting their supervisor and medical.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.382 (C)

	Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported yes. **Medical and Mental Health Staff – Q:13 / Residents who Reported a Sexual Abuse – Q:6** Medical and Mental Health Staff: Are victims of sexual abuse offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis? Yes, these services are offered and conducted immediately. During the site visit there were no residents who reported sexual abuse to respond to the following question. Were you given any information about or offered any treatment after what happened to you? During the site visit there were no residents at the facility who reported sexual abuse for the non-certified assistant to interview regarding whether they were provided information about and access to emergency contraception and/or sexually transmitted infection prophylaxis. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.382 (d)** Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. **Review of Documents:** Online Pre-Audit Questionnaire: 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? facility reported yes.

	Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): Informal conversation with the Facility Administrator confirmed that the facility will provide the victim with services without financial cost whether they cooperate or not. **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • Protocol for Alleged Sexual Assault Involving Penetration • Medical and Mental Health Staff • Residents who Reported Sexual Abuse **Reasoning and Analysis (By Provisions)** **115.383 (a)** The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. **Review of Documents:**

Pre-Audit Questionnaire: 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? facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section H.4, consistent with SCDJJ Policy 918, Youth Rights and Responsibilities and SCDJJ Policy, Scope of Health Services and Responsible Health Authority, youth will receive a continuum of care as appropriate for victims of sexual offenses as outlined in SCDJJ Policy 911, Clinical Crisis Intervention.

The facility offers medical and mental health evaluations and treatment to all residents who have been victimized by sexual abuse. Residents receive a continuum of care as appropriate for victims of sexual abuse. Additional services may be provided by the local rape crisis center or local hospital as needed.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.383 (b)

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or replacement in, other facilities, or their release from custody.

Review of Documents:

Pre-Audit Questionnaire: 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? Facility reported yes.

The agency also has a Protocol for Alleged Sexual Assault Involving Penetration. This written plan includes the following instructions:

- Youth may be given any combination of examinations which may include Evidence Collection, Forensic Exams, Pregnancy Tests, Sexually Transmitted Infections Test, and Physical Exams. These tests may or may not include photographs. All evidence and/or test (s) results will be given to a medical practitioner or law enforcement agent at a specific time specified by the hospital.
- Upon return from the hospital, prior to returning to their housing unit, the youth

will be seen at the SCDJJ infirmary.

- Prior to returning the youth to the housing unit, the facility supervisor will ensure that the alleged victim and alleged perpetrator will not have any contact.
- With 72 hours (3 calendar days) of the alleged assault, the Facility Administrator will complete the initial Safety Plan for Alleged Sexual Assault and Sexual Harassment (SP) from with the Sexual Assault Response Team (SART).
- Within 30 calendar days of the implementation of the initial SP, the Facility Administrator will reconvene with the SART to review the initial SP and make any necessary updates.
- Monitoring of the alleged victim, witnesses, and those who cooperated with the investigation for retaliation will be initiated 90 days from the date of the allegation.

The auditor reviewed 20 copies of the resident Safety Plan for Alleged Sexual Abuse and Sexual Harassment that confirmed resident are receiving follow-up services.

Medical and Mental Health Staff – Q:14 / Residents who Reported a Sexual Abuse – Q: 5

Medical and Mental Health Staff: What does evaluation and treatment of residents who have been victimized entail? Initial assessment of the injuries with treatment, referral for SANE/SAFE nurse, STI testing.

During the site visit there were no residents who reported sexual abuse to respond to the following question. Did the medical or mental health doctor/nurse talk about other services available to you?

During the site visit there were no residents at the facility who reported sexual abuse for the non-certified assistant to interview regarding whether the medical or mental health doctor/nurse discuss with them follow up services, treatment plans, or any, if necessary, referrals for continued care.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.383 (c)

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Review of Documents:

Pre-Audit Questionnaire: Does the facility provide such victims with medical and

mental health services consistent with the community level of care? facility reported yes.

The agency/facility is committed to providing medically necessary care to residents throughout their incarceration period. Services provided by agency/facility medical staff are in keeping with accepted medical standards of the community and will be the most reasonable level of service available for treatment of medical conditions.

Medical and Mental Health Staff – Q: 15

Medical and Mental Health Staff: Are the medical and mental health services offered consistent with community level of care? Yes.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.383 (d)

Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Review of Documents:

Pre-Audit Questionnaire: Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? N/A if all male facility.

The agency also has a Protocol for Alleged Sexual Assault Involving Penetration. This written plan includes the following instructions:

- When the examination begins, all accounts of the incident will be given by the youth without any assistance from a SCDJJ employee or representative.
- Youth 14 years of age and older are authorized to sign any documentation needed for a physical forensic examination. Youth under the age of 14 will require a signature from an authorized SCDJJ employee.
- Youth may be given any combination of examinations which may include Evidence Collection, Forensic Exams, Pregnancy Tests, Sexually Transmitted Infections Test, and Physical Exams. These tests may or may not include photographs. All evidence and/or test (s) results will be given to a medical practitioner or law enforcement agent at a specific time specified by the hospital.
- Upon return from the hospital, prior to returning to their housing unit, the youth will be seen at the SCDJJ infirmary.
- Prior to returning the youth to the housing unit, the facility supervisor will ensure

	that the alleged victim and alleged perpetrator will not have any contact. **Residents who Reported a Sexual Abuse – Q: 26** During the site visit there were no residents who reported sexual abuse to respond to the following question. Were you offered a pregnancy test after what happened to you? **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.383 (e)** If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. **Review of Documents:** Pre-Audit Questionnaire: 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. PAQ indicated: This facility is a male facility. **Medical and Mental Health Staff – Q: 16 / Residents who Reported a Sexual Abuse – Q: 27** Medical and Mental Health Staff: If pregnancy results from sexual abuse while incarcerated, are victims given timely information and access to all lawful pregnancy-related services? Yes. During the site visit there were no residents who reported sexual abuse to respond to the following question. As a result of what happened to you, were you provided information about, and access to, pregnancy-related medical services? **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:**

	An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.383 (f)** Resident victims of sexual abuse whole incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. **Review of Documents:** Pre-Audit Questionnaire: Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? facility reported yes. The agency also has a Protocol for Alleged Sexual Assault Involving Penetration. This written plan includes the following instructions: • Youth may be given any combination of examinations which may include Evidence Collection, Forensic Exams, Pregnancy Tests, Sexually Transmitted Infections Test, and Physical Exams. These tests may or may not include photographs. All evidence and/or test (s) results will be given to a medical practitioner or law enforcement agent at a specific time specified by the hospital. • Upon return from the hospital, prior to returning to their housing unit, the youth will be seen at the SCDJJ infirmary. • Prior to returning the youth to the housing unit, the facility supervisor will ensure that the alleged victim and alleged perpetrator will not have any contact. **Residents who Reported a Sexual Abuse – Q: 7** During the site visit there were no residents who reported sexual abuse to respond to the following question. Were you offered tests for infections after what happened to you? During the site visit there were no residents at the facility who reported sexual abuse for the non-certified assistant to interview regarding whether they were offered tests for sexually transmitted infections. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.383 (g)

Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Review of Documents:

Pre-Audit Questionnaire: 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? facility reported yes.

Residents who Reported a Sexual Abuse – Q: 8

During the site visit there were no residents who reported sexual abuse to respond to the following question. Do you know if you or your family has to pay for any treatment related to what happened to you?

During the site visit there were no residents at the facility who reported sexual abuse for the non-certified assistant to interview regarding whether they paid for any treatment related to this incident of sexual abuse, including any co-pay.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.383 (h)

The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Review of Documents:

Pre-Audit Questionnaire: Does the facility attempt to conduct a mental health evaluation of all known residents-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? facility reported yes.

Medical and Mental Health Staff – Q: 18

Medical and Mental Health Staff: Do you conduct a mental health evaluation of all known residents-on-residents abusers and offer treatment if appropriate? Mental

	health evaluation of all known resident-on-resident abusers and offer treatment if appropriate. After learning about the history of abuse of the residents they would typically conduct the evaluation within 60 days, when possible. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • Sexual Abuse and Sexual Harassment Incident Reviews • Facility Administrator • PREA Compliance Manager • Incident Review Team **Reasoning and Analysis (By Provisions)** **115.386 (a)** The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. **Review of Documents:**

	Pre-Audit Questionnaire: 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, facility reported 5. A review of the investigation cases confirmed that the facility has a system in place to conduct PREA Incident Review Team meetings. The PREA Incident Review Team meetings are documented on SCDJJ Form 321B a review of Incident Reviews include Instructions, Incident Details, Type of Incident Review (Sexual Assault, Sexual Misconduct, and Sexual Harassment), Review Team Participants Names and Titles, Review Team Indications to include all the requirements for consideration within the provisions, Recommendations for Improvement, and the Facility Administrator and PREA Compliance Manager. The review is copy of the Deputy Director for Institutional Services, Institutional Services Administrator, Facility Administrator, PREA Compliance Manager, PREA Program Manager, and Senior Manager of Quality and Compliance. The auditor reviewed 5 PREA Incident Reviews. All reviews meet the provision’s requirements. The reviewed PREA Incident Reviews are in the investigation package uploaded in standard 115.322. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.386 (b)** Such a review shall ordinarily occur within 30 days of the conclusion of the investigation. **Review of Documents:** Pre-Audit Questionnaire: In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents, facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section I.2, all SCDJJ facility Sexual Abuse Response Teams (SARTs) will conduct a sexual abuse incident review within 30 days of receiving a completed investigative report of an allegation of sexual abuse or sexual harassment to determine if changes are necessary and determine the possible causes of the incident.

	The auditor reviewed 5 PREA Incident Review Team reports, they were conducted within 30 days' time frame and cover all the required components. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** The Facility Review Team During the documentation review it was determined that the Facility Review Team is not completing the required incident reviews because the facility is not receiving the findings of the investigation reports back from the Office of Investigations. **Corrective Action (s):** To address the audit finding regarding investigations remaining in a pending status due to findings and disposition information not being communicated to the PREA Office and facility leadership, the agency conducted a comprehensive review of its investigative processes to identify the root causes of delays in case closure, information sharing, and PREA compliance monitoring. As a result of this review, the agency revised its investigative procedures to clearly define investigative responsibilities. Safety and Law Enforcement Services will conduct investigations involving allegations against staff and youth-on-youth allegations that may warrant criminal prosecution. Youth-on-youth allegations that do not meet the threshold for criminal prosecution will be investigated administratively. This distinction is intended to improve efficiency, reduce delays, and promote timely completion and disposition of investigations. Additionally, the agency developed and implemented a case-tracking system to monitor investigative progress and enhance accountability. The system provides notifications and reminders to PREA Compliance Managers (PCMs) and Law Enforcement personnel regarding required timelines and outstanding actions. This process supports the timely communication of investigative findings and case dispositions to facility leadership and the PREA Office upon completion of each investigation. These corrective actions will ensure that investigative outcomes are communicated promptly, all required parties are informed of case dispositions, and Sexual Abuse Incident Reviews are conducted for all substantiated and unsubstantiated sexual abuse allegations in accordance with PREA requirements. **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.386 (c)

The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Review of Documents:

Pre-Audit Questionnaire: The review team includes level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section I.1, in accordance with SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth, SCDJJ will collect data to accurately track all sexual abuse and sexual harassment. This data will be reviewed by the SCDJJ Executive Management Team and all facility level management teams on an annual basis to improve operations and services.

The auditor reviewed 1 PREA Incident Review Team SCDJJ Form 321B, they were conducted within 30 days' time frame after receiving them from office of Investigations and covering all the required components. The form included copy to: Deputy Director for Institutional Services, Institutional Services Administrator, Facility Administrator, PREA Compliance Manager, PREA Program Manager, and Senior Manager, Quality and Compliance.

The auditor confirmed at the end of the report that the Facility Administrator signature indicates receipt and review of the incident, along with the date.
Facility Administrator – Q: 28

Facility Administrator: Does your facility have a sexual abuse incident review team? Yes.

- If yes, does the team include upper-level management officials and allow for input from line supervisor, investigators, and medical or mental health practitioners? Yes. The team includes leadership, line staff, investigators, and medical/mental health professionals.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.386 (d)

The review team shall:

	• Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. • Consider whether the incident or allegation was motivated by race; ethnicity; or perceived status; or gang affiliation; or was motivated or otherwise cause by other group dynamics at the facility. • Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse. • Assess the adequacy of staffing levels in that area during different shifts. • Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and • Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d))1) – (d) (5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. **Review of Documents:** Pre-Audit Questionnaire: 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? Facility reported yes. The auditor reviewed 1 PREA Incident Review Team SCDJJ Form 321B. In a section of the report “Review Information”, all six (6) of the requirements were addressed. There was a check box for no or yes. If yes, explain below. The auditor confirmed at the end of the report that the warden/designee's signature indicates receipt and review of the incident, along with the date. **Facility Administrator – Q: 29, 30 / PREA Compliance Manager – Q: 26, 27 / Incident Review Team – Q: 1, 2, 3, 4** Facility Administrator: How does the team use the information from the sexual abuse incident review? Management uses findings to improve policies and procedures, training, and supervision. Recommendations are documented and implemented. Facility Administrator: The incident review team considers motivation factors (e.g., race, gender identity, gang affiliation. Management assesses all relevant dynamics. Incident Review Team Member: Consider whether the incident or allegation was motivated by race; ethnicity; or perceived status; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility? The Team member indicated that the team did discuss the question as stated on the PREA Incident form. Incident Review Team Member: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? The Team member indicated that the team did discuss the question as stated on the PREA Incident form.

	Incident Review Team Member: Assess the adequacy of staffing levels in that area during different shifts. The Team member indicated that the team did discuss the question as stated on the PREA Incident form. They also check the 1:8 and the 1:16 ratios. Incident Review Team Member: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Review the shift report for that day, for compliance with staffing plan. Facility PREA Compliance Manager: After a sexual abuse incident, the facility conducts a review and completes a report with findings and recommendations for improvement to enhance resident safety, as required by standard 115.386 (d). Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.386 (e)** The facility shall implement the recommendations for improvement or shall document its reasons for not doing so. **Review of Documents:** Pre-Audit Questionnaire: Does the facility implement recommendations for improvement or document its reasons for not doing so? facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section I.2, This incident review and its findings will be documented in a standard report and filed with the PBS/PREA Compliance Coordinator and the agency's PREA Standards Manager. All recommended changes to policy, procedures and/or practices will be documented and implemented unless otherwise directed, which will also be documented. Facility implements recommendations for improvement or documents and its reasons for not doing so. The upper-management team is familiar with this practice. The facility has a form they use to document incident reviews; it allows for documentation of the considerations of the standard. The form and meeting provide recommendations for improvement by the team members. This information is compiled and published in the SCDC Annual PREA Report. A reviewed of the SCDJJ 2023 Annual Report, in calendar year 2023, SCDJJ Costal facility received 18 reported allegations of sexual abuse and sexual harassment. A review of the SCDJJ 2023 Annual Report, dated October 9, 2024, indicates that

	SCDJJ received 73 reported allegations of sexual abuse and sexual harassment. Of these, 53 involved Youth-on-Youth incidents and 20 were Staff-on-Youth. Among the 53 Youth-on-Youth cases, 4 were substantiated, 19 were unsubstantiated, 19 were unfounded, 9 were pending outcomes, and 9 were classified as non-PREA. Regarding the 20 Staff-on-Youth cases, 2 were substantiated, 9 unsubstantiated, 7 unfounded, none are pending outcome, and 2 were categorized as non-PREA. The SCDJJ 2024 Annual Report also included the following: • Signature of the Director of Office of Continuous Quality Improvement • Signature of the SCDJJ Executive Director (Agency Head) • Background and Introduction • Purpose • 2024 Analysis/Corrective Action • Signature of the Agency PREA Coordinator • Challenges • Analysis of Data Statistical Data for PREA • PREA Allegations by Month • Total Allegations by Type • Status of Allegation Types • Number of Allegations by Facility **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff and juveniles, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, this standard is compliant.

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence Relied Upon in Making Compliance Determinations:

- Pre-Audit Questionnaire
- SCDJJ Policy 336, Application of the PREA Standards
- 2024 Annual Report
- 2024 Survey of Sexual Violence for Department of Justice

Reasoning and Analysis (By Provisions)

115.387 (a)

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Review of Documents:

Pre-Audit Questionnaire: 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? Facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section J.1, SCDJJ will report to the Bureau of Justice Statistics, SLED, and any other federal and/or state authority that requires this information annually, all acts of sexual abuse, staff sexual harassment, and staff sexual misconduct with youth as described in SCDJJ Policy 321, Prevention of Sexual Offenses towards Youth, for all its facilities and contracted facilities.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.387 (b)

The agency shall aggregate the incident-based sexual abuse data at least annually.

Review of Documents:

Pre-Audit Questionnaire: Does the agency aggregate the incident-based data at least annually? Facility reported yes.

The SCDJJ 2024 Annual Report also included the following:

- Signature of the Director of Office of Continuous Quality Improvement

- Signature of the SCDJJ Executive Director (Agency Head)
- Background and Introduction
- Purpose
- 2024 Analysis/Corrective Action
- Signature of the Agency PREA Coordinator
- Challenges
- Analysis of Data Statistical Data for PREA
- PREA Allegations by Month
- Total Allegations by Type
- Status of Allegation Types
- Number of Allegations by Facility

The agency/facility aggregates the incident-based sexual abuse data at least annually as a part of the agency PREA annual report.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.387 (c)

The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Review of Documents:

Pre-Audit Questionnaire: 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? facility reported yes.

The 2024 U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistic (BJS) is tasked with annual data collection responsibilities under PREA. The agency has collected the required data using the Survey of Sexual Violence (SSV) including administrative data reported to the agency.

The auditor reviewed the Survey of Sexual Victimization: 2024 State Juvenile System Summary Form, it included the following:

- Section 1: General Information
- Section 2: Youth-on-Youth Sexual Abuse
- Section 3: Staff-on-Youth Sexual Victimization

- Section 4: Private and Local Allegations

The SCDJJ website listed a links for SSV reports from December 31, 2023, submitted to BJS. The agency PREA coordinator provided the auditor with the latest copy of the SSV Report.

A review of the Survey of Sexual Victimization, 2024 SSV Summary Form confirmed that the agency is collecting the required data needed by the Department of Justice.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.387 (d)

The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Review of Documents:

Pre-Audit Questionnaire: Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigations files, and sexual abuse incident reviews? Facility reported yes.

Based on the review of the SSV reports, the agency maintains, reviews, and collects the required data, including reports, investigation files, and sexual abuse incident reviews.

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.387 (e)

The agency also shall obtain incident-based and aggregated data from every private

	facility with which it contracts for the confinement of its residents. **Review of Documents:** Pre-Audit Questionnaire: 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.) Facility reported yes. The auditor reviews the SCDJJ 2024 Annual PREA Report dated December 5, 2025, which included the incident-based and aggregated data from all the agency contracts with 10 sites that is refer to as Alternative Placement/Group Home under the “Number of Allegations by Facility”. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.387 (f)** Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. **Review of Documents:** Pre-Audit Questionnaire: Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? facility reported yes. The auditor reviewed the U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistic (BJS) is tasked with annual data collection responsibilities under PREA. The South Carolina Department of Juvenile Justice has collected the required data using the Survey of Sexual Violence (SSV) including administrative data reported to the Central Office. The SCDC website listed a links of SSV reports from January 16, 2024, submitted to BJS. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:**

	An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • 2024 PREA Annual Report • SCDJJ Policy 336, Application of the PREA Standards • Agency Head/Designee • PREA Coordinator • PREA Compliance Manager **Reasoning and Analysis (By Provisions)** **115.388 (a)** The agency shall review data collected and aggregated pursuant to standard 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: • Identifying problem areas. • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings and corrective actions for each facility, as well as the agency. **Review of Documents:** Pre-Audit Questionnaire: Does the agency review data collected and aggregated pursuant to 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: Identifying problem areas? facility reported yes.

SCDJJ Policy 336, Application of the PREA Standards Section J.2, consistent with SCDJJ Policy 321, SCDJJ will collect data that will assist SCDJJ in reducing the risk of sexual abuse and/or sexual activity occurring within SCDJJ facilities. SCDJJ will compile the information that relates to the prevalence of sexual abuse and/or sexual activity within the facilities, including circumstances that contribute to this kind of behavior, to provide insight into potential strategies for its reduction or elimination.

The SCDJJ 2024 Annual Report also included the following:

- 2024 Analysis/Corrective Action: This report summarizes data collected from January 1, 2024 – December 31, 2024, received from state owned and operated and contracted residential facilities. During this time, two SCDJJ secure facilities were audited, the Midlands Evaluation Center and the Juvenile Detention Center along with eight of the agency's contracted residential facilities. All noncompliance standards and provisions were corrected.

- Challenges: Like many juvenile justice agencies across the country, the biggest obstacle to SCDJJ consistently achieving 100% compliance with secure facilities is the agency's inability to consistently meet the PREA security staff to youth ratio as indicated in Standard 115.313 due to physical plant deficiencies, staffing shortages and funding. The agency continues to work diligently to address this issue with special attention placed on recruiting and retention initiatives.

This annual report is posted on the SCDJJ website for public viewing.

Agency Head/Designee – Q: 9 / PREA Coordinator – Q: 6, 7 / PREA Compliance Manager – Q: 26

Agency Head Designee/Chief of Staff: How do you use incident – based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training? The agency does use incident-based data to provide a critical foundation for continuously evaluating and strengthening the agency's efforts in preventing, detecting, and responding to sexual abuse. With generated reports, the data can show if there is an identified pattern (such as with certain facilities, locations.). This greatly helps the agency with improving prevention efforts. Incident-based data also serves as a component in our training for both new and more experienced employees. Security leadership also collects data from incident reviews. Because facilities vary, collected data has also been used to establish more specific operational procedures.

PREA Coordinator: 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, and training? Yes. The agency reviews all data collected to ensure the upgrades of the PREA training and policies development. The collected of this information is compiled in the Agency Annual PREA Report and will as the SSV Report. The data is entered into the agency Incident Events system which is password protected. If the agency reviewed finds trends and other patterns it would be discussed with the management team about new processes and systems.

PREA Coordinator reported that the agency takes corrective action on an ongoing basis. The PREA Office also prepares an annual report of findings from the collected data review and any corrective actions for each facility.

Facility PREA Compliance Manager: When the agency reviews data under 115.387 to evaluate its sexual abuse prevention efforts, facility data is essential. The Facility PREA Compliance Manager submits sexual assault data to the PREA Office. Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR

Corrective Action: Not Required

Provision Findings:

An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision.

115.388 (b)

Such a report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

Review of Documents:

Pre-Audit Questionnaire: 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? Facility reported yes.

A review of the SCDJJ 2024 Annual Report confirms the required comparison statistical data for PREA to include the following:

- Alleged Youth-on Youth Sexual Abuse for 2019, 2020, 2021, 2022, 2023 and 2024
- Alleged Staff on Youth Sexual Abuse for 2019, 2020, 2021, 2022, 2023 and 2024
- Alleged Youth on Youth Sexual Harassment for 2019, 2020, 2021, 2022, 2023 and 2024
- Alleged Staff on Youth Sexual Harassment for 2019, 2020, 2021, 2022, 2023 and 2024
- Total of Youth on Youth for 2019, 2020, 2021, 2022, 2023 and 2024

Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): N/A

Corrective Action: None

Provision Findings:

	An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.388 (c)** The agency's report shall be approved by the agency heard and made readily available to the public through its website or, if it does not have one, through other means. **Review of Documents:** Pre-Audit Questionnaire: 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. facility reported yes. The Annual PREA Report dated December 5, 2025, was approved by the Agency Heard and the Office of Standards and Professional Development and posted on the agency website. **Agency Head/Designee – Q: 10** Agency Head Designee/Chief of Staff: Do you approve annual reports written pursuant to 115.388? Yes. The PREA annual report was made readily available to the public through the agency website. The agency has expanded its data collection abilities by utilizing the event report data to generate reports relating to incidents and allegations of sexual abuse. Annual reports are developed and reviewed in contrast to previous years to help determine if there are patterns and reduce potential risk. Collected data is also used for the annua Department of Justice survey of sexual violence. The agency Head signs the PREA annual reports. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.388 (d)** The agency may redact specific material from the reports when publication presents a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. **Review of Documents:**

	Pre-Audit Questionnaire: 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? facility reported yes. The Annual PREA Report dated December 5, 2025, confirmed that personal information for staff and residents was redacted from the report. PREA Coordinator – Q: 8 PREA Coordinator: was asked, “What types of material are typically redacted from the annual reports? Does the agency indicate the nature of material redacted?” Yes, personal identifying information (PII) is redacted. The annual report does not include personal identifying information like facility staff names, confined person’s names or ID numbers, etc. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards • PREA Coordinator **Reasoning and Analysis (By Provisions)**

	115.389 (a) The agency shall ensure that data collected pursuant to the standard 115.387 is securely retained. **Review of Documents:** Pre-Audit Questionnaire: Does the agency ensure that data collected pursuant to 115.387 are securely retained? Facility reported yes. The auditor reviewed the agency's data collection of accurate and uniform data to ensure that it has securely been retained. The data included but not limited to: • Medical Records are safeguards with password protection. • PREA Risk Screening Information is in a storage safeguard with password protection. • Sexual Abuse Allegations and PREA Investigation Cases are stored in the PREA Compliance Manager office under double lock key, the office lock and the file cabinet locked. • Resident Institutional files are stored in a lock room under double lock key, the office locked, and the file cabinet locked. **PREA Coordinator – Q:6** PREA Coordinator: 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, and training? Yes. The agency reviews all data collected to ensure the upgrades of the PREA training and policies development. The collected of this information is compiled in the Agency Annual PREA Report and will as the SSV Report. The data is entered into the agency Incident Events system which is password protected. If the agency reviewed finds trends and other patterns it would be discussed with the management team about new processes and systems. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Observe the physical storage area of any information/documentation collected and maintained in hard copy pursuant to the PREA standards (risk screening information, medical records, sexual abuse allegations) Observe electronic safeguards of any information/documentation collected and maintained electronically pursuant to the PREA Standards (risk screening information, password protected, accessible only in certain areas, role-based security). Have informal conversation with staff regarding access to secure information, including medical and mental health files, sexual abuse and sexual harassment reports) **Corrective Action: Not Required**

	Provision Findings: An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.389 (b)** The agency shall make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least at least annually through its website or, if it does not have one, through other means. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section J.4, SCDJJ will publish yearly all aggregated sexual abuse data in accordance with SCDJJ Policy 124, Confidentiality and Release of Youth information. The auditor reviews the agency websites where aggregated sexual abuse data is publicly available to the public through the PREA Annual Report. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.389 (c)** Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. **Review of Documents:** Pre-Audit Questionnaire Indicated: Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? facility reported yes.

	SCDJJ Policy 336, Application of the PREA Standards Section J.4, SCDJJ will publish yearly all aggregated sexual abuse data in accordance with SCDJJ Policy 124, Confidentiality and Release of Youth information. An informal conversation with the agency PREA coordinator indicates that the agency removes all personal identifiers. A review of the PREA Annual Report confirmed that all personal identifiers were removed. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **115.389 (d)** The agency shall maintain sexual abuse data collected pursuant to 115.387 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. **Review of Documents:** Pre-Audit Questionnaire: 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? facility reported yes. SCDJJ Policy 336, Application of the PREA Standards Section J.3, SCDJJ will maintain data collected in accordance with SCDJJ Policy 123, Retention and Disposition of Departmental Records. Informational discussions with staff indicated that the record retention standard is determined in state statutes and would require the legislature to make a change to the state law. This is an area that SCDJJ does not have control over. This provision will be rated compliance with the understanding that the PREA Coordinator explores options and recommendations to the SC legislators to change state law. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:**

	An examination of the relevant documents, including the facility PAQ, as well as interviews and informal discussions with staff, together with a review of applicable policies, confirms that the facility is in compliance with the requirements of this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: • Pre-Audit Questionnaire • SCDJJ Policy 336, Application of the PREA Standards **Reasoning and Analysis (By Provisions)** **115.401 (a)** During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or a private organization on behalf of the agency, is audited at least once. **Review of Documents:** Pre-Audit Questionnaire: During the prior three-year 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? yes. The auditor confirmed that during the three-year period and each three-year period thereafter, the agency ensures that each facility operated by the agency, or a private organization on behalf of the agency is audited. A review of the agency website PREA section listed all final PREA audits to include private facility. In the PREA Annual Report the agency has an Audit schedule covering the three-year cycle. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):**

	The auditor had an informal conversation with the Agency PREA Coordinator regarding the agency three-year cycle. It was confirmed that the agency has a schedule which was shared with the auditor. **Corrective Action: Not Required** **Provision Findings:** Document reviews and staff discussions confirm the facility comply with this provision. **115.401 (b)** During each one-year period starting on August 20, 2013, the agency shall ensure that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. Review of Documents: Pre-Audit Questionnaire: Is this the first year of the current audit cycle? yes. The auditor confirmed during each one-year period the agency ensured that at least one third of each facility type operated by the agency, or by a private organization on behalf of the agency is audited. The auditor reviews the agency website, and the Final Audit Reports are listed by audit cycles. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** Document reviews and staff discussions confirm the facility comply with this provision. **115.401 (h)** The auditor shall have access to, and shall observe, all areas of the audited facilities. **Review of Documents:** Pre-Audit Questionnaire: Did the auditor have access to, and the ability to observe, all areas of the audited facility? Response Yes. SCDJJ Policy 336, Application of the PREA Standards Section L.1, to ensure effective data collection, measurement, evaluation, process improvement, and reporting on the Agency’s performance, all SCDJJ staff are required to fully cooperate with the PREA Program. This includes responding to requests and providing information in a timely and accurate manner.

	SCDJJ Policy 336, Application of the PREA Standards Section L.2, failure to adhere to the above will result in disciplinary action. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** Document reviews and staff discussions confirm the facility comply with this provision. **115.401 (i)** The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). **Review of Documents:** Pre-Audit Questionnaire Indicated: Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information). **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** Document reviews and staff discussions confirm the facility comply with this provision. **115.401 (m)** The auditor shall be permitted to conduct private interviews with residents. **Review of Documents:** Pre-Audit Questionnaire: Was the auditor permitted to conduct private interviews with residents, residents, and detainees? Response Yes. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** Document reviews and staff discussions confirm the facility comply with this provision. **115.401 (n)**

	Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. **Review of Documents:** Pre-Audit Questionnaire: Were residents, 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? Response Yes. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews):** Ensure that information about the PREA audit (Notice of Audit) is posted in all housing units. Informal conversations about the notice and how long it has been posted. The agency/facility must have provided residents with information about PREA audits at least six weeks prior to the site visit. **Corrective Action: Not Required** **Provision Findings:** Document reviews and staff discussions confirm the facility comply with this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

115.403	**Audit contents and findings**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence Relied Upon in Making Compliance Determinations: **Reasoning and Analysis (By Provisions)** **115.403 (f)** The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public.

	Review of Documents: Pre-Audit Questionnaire: The agency has published on its agency website, if I have 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 an agency appeals pursuant to 28 C.F.R. 115.405 does not excuse noncompliance with this provision. Response Yes. The auditor reviewed the agency website and confirmed that the agency's final PREA reports are published on the website. The posted PREA final reports range from 2018 – 2024. A list of all of the agency's facility and agency audit reports completed 90 days prior to the audit within the appropriate review period, and web links to each of these reports or any other evidence that these reports have been provided publicly if the agency does not have a website. **Observation & Test of Critical Functions (Videos, Informal Conversations, Site Reviews): NR** **Corrective Action: Not Required** **Provision Findings:** Document reviews and staff discussions confirm the facility comply with this provision. **Overall Findings:** The auditor uses a triangulation approach, by connecting the PREA facility documentation, agency policies, on-site observation, site review of the facility, facility practices, interviewing staff and residents, local and national advocates, and online PREA Audit: Pre-Audit Questionnaire to make determinations. Based on analysis, the facility is compliant with all provisions in this standard.

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	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	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?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	**Supervision and monitoring**	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	no
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	no
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	**Supervision and monitoring**	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	**Supervision and monitoring**	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	**Limits to cross-gender viewing and searches**	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	**Limits to cross-gender viewing and searches**	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	**Limits to cross-gender viewing and searches**	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	**Residents with disabilities and residents who are limited English proficient**	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	**Hiring and promotion decisions**	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	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	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
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	yes

	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.)	
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	yes

	interviews?	
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	**Evidence protocol and forensic medical examinations**	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na
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	**Policies to ensure referrals of allegations for investigations**	

(c)		
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	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	**Specialized training: Investigations**	

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
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.)	yes
115.341	**Obtaining information from residents**	

(a)		
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	**Placement of residents**	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	**Exhaustion of administrative remedies**	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	**Exhaustion of administrative remedies**	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does	yes

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	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	yes

	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.)	
	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	yes

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
115.371 (a)	**Criminal and administrative agency investigations**	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	**Criminal and administrative agency investigations**	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	**Criminal and administrative agency investigations**	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	**Criminal and administrative agency investigations**	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	**Criminal and administrative agency investigations**	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal	yes

	prosecution?	
115.371 (f)	**Criminal and administrative agency investigations**	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	**Criminal and administrative agency investigations**	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	**Criminal and administrative agency investigations**	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	**Criminal and administrative agency investigations**	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	**Criminal and administrative agency investigations**	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	**Criminal and administrative agency investigations**	

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

	harassment policies?	
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	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
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	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	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	**Access to emergency medical and mental health services**	

(d)		
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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	yes

	the confinement of its residents.)	
115.387 (f)	**Data collection**	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	**Data review for corrective action**	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	**Data review for corrective action**	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.388 (c)	**Data review for corrective action**	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	**Data review for corrective action**	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	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