



**CERTIFICATE OF
COMPLETION**



THIS AWARD CERTIFIES THAT

Spartanburg County Detention Center, Spartanburg South Carolina

HAS SUCCESSFULLY COMPLETED

Prison Rape Elimination Act certification for the period of
November 3, 2014 to November 3, 2017

November 3, 2014

DATE

SIGNATURE



Walter Sipple, LLC
U.S. Dept. of Justice Certified PREA Auditor

TITLE

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS

NATIONAL
PREA
RESOURCE
CENTER



BJA
Bureau of Justice Assistance
U.S. Department of Justice

Name of facility: Spartanburg County Detention Center.			
Physical address: 950 California Avenue, Spartanburg, South Carolina 29303.			
Date report submitted: November 3, 2014			
Auditor Information: Walter Sipple (SIPPLE AUDITS, LLC)			
Address: P.O. Box 2502, Mount Pleasant, South Carolina 29465.			
Email: waltersipple@comcast.net			
Telephone number: 843-849-8268.			
Date of facility visit: July 28, 2014 to August 1, 2014.			
Facility Information			
Facility mailing address: <i>Same.</i>			
Telephone number: 864-596-2607			
The facility is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	
Name of PREA Compliance Manager: Mandy Blanton		Title: PREA Coordinator	
Email address: mblanton@spartanburgcounty.org		Telephone number: 864-596-2607 ext: 173	
Agency Information			
Name of agency: Spartanburg County Detention Facility.			
Governing authority or parent agency: <i>Spartanburg County Sheriff's Office</i>			
Physical address: 950 California Avenue, Spartanburg, South Carolina 29303.			
Mailing address: <i>Same.</i>			
Telephone number: 864-596-2607			
Agency Chief Executive Officer			
Name: Neil Urch	Title:	Major	
Email address: nurch@spartanburgcounty.org	Telephone number:	864-596-2607 ext. 124	
Agency-Wide PREA Coordinator			
Name: Mandy Blanton	Title:	PREA Coordinator	
Email address: mblanton@spartanburgcounty.org	Telephone number:	864-596-2607 ext. 173	

AUDIT FINDINGS

NARRATIVE:

The Prison Rape Elimination Act audit of the Spartanburg County Detention Center, located in Spartanburg, South Carolina, was conducted during the week of July 28, 2014 to August 1, 2014, by Walter Sipple, United States Department of Justice Prison Rape Elimination Act independent certified auditor, and no others, operating as an independent contractor with no conflict of interest. The Spartanburg County Detention Center is a department of the Spartanburg County Sheriff's Office. The detention facility operates under the jurisdiction of the County Sheriff and is classified as a Type IV facility under the Minimum Standards for Local Detention Facilities in South Carolina. The Spartanburg County Sheriff's Office, acting through the County Sheriff, has final authority on all matters concerning the Sheriff's Office.

The mission statement for the Spartanburg County Detention Center is, as follows:

"As a branch of the Sheriff's Office, the mission of the Spartanburg County Detention Facility is to protect the public by securely detaining individuals who have been arrested and accused of committing various offenses against Spartanburg County citizens. The goal of the detention facility is to ethically and legally provide a secure, sanitary and safe place of pre-trial incarceration in the most efficient and cost effective manner possible, while ensuring inmates receive humane, respectful and professional treatment from detention personnel. Detention administration assures continued oversight and compliance with standards set forth by the State and Local Jail Standards and the Prison Rape Elimination Act of 2003, while providing realistic career development, strategic planning, training, and safety for management and staff personnel."

Two independent organizations, the Moss Group and Brennan Consulting and Training Services, assisted the agency in creating policy and procedure in order to be in compliance with the Prison Rape Elimination Act. The Moss Group also completed a Prison Rape Elimination Act mock audit that included a United States Department of Justice certified auditor. The agency implemented changes based on the results of the mock audit in preparation for the actual audit. The auditor received a copy of the mock audit and also interviewed members of the Moss Group who assisted the agency.

An entrance meeting was held with senior level agency staff and the auditor during the first day of the on-site portion of the audit. The following people were in attendance: Director of Jail Operations; both Assistant Directors; Classification Sergeant; and the agency Prison Rape Elimination Act Coordinator. The auditor was allowed access to the agency and facilities in order to conduct the audit.

Following the entrance meeting, the auditor toured and observed operations at the main jail and two annex buildings. The auditor received relevant mock audit reports from an external audit. Daily population reports for the 1st, 10th, and 20th day of month for the past 12 months were not provided to

the auditor by the agency Prison Rape Elimination Act coordinator as referenced in the Prison Rape Elimination Act pre-audit questionnaire. A partial layout of the main facility was provided by the agency which consisted of the inmate housing areas. A list of staff, volunteers, and contractors to include assignments and roles was provided to the auditor along with listings by housing unit for a random and objective selection of inmates for interviews. A listing of released inmates with contact information was also provided at the request of the auditor.

The auditor reviewed compliance with the Prison Rape Elimination Act standards based on a review of agency policy, procedure, practice, daily activities, documentation, observation, and interviews with staff and inmates during the on-site portion of the Prison Rape Elimination Act audit. Interviews were conducted with outside agencies, to include but not limited to, the Moss Group, Prison Rape Elimination Act Resource Center, Just Detention International, Spartanburg Regional Hospital, South Carolina Department of Juvenile Justice, South Carolina Department of Mental Health, West Gate Family Therapy Institute, South Carolina Law Enforcement Division, Crime Stoppers of South Carolina, Spartanburg County Government, Spartanburg Area Mental Health Center, and the Spartanburg Safe Homes Rape Crisis Coalition. Former inmates were also interviewed.

The auditor spent a full week at the agency from July 28, 2014 to August 1, 2014. An objective random sampling of staff, volunteer, inmate, and contractor interviews was selected from a series of lists presented to the auditor by the agency. Last names were randomly selected from an alphabetically ordered list in increments of five. A total of forty agency staff was interviewed from all four sections and from every department per random sampling from the auditor. A total of sixty inmates were interviewed with a minimum of ten percent from each housing unit per random sampling from the auditor, along with special category inmates such as all of the youthful inmates under that age of 18. An exit interview was conducted at the end of the on-site visit by the auditor with the Director of Jail Operations, Assistant Director, Classification Sergeant, and Prison Rape Elimination Act Coordinator. The auditor discussed immediate corrective action items and discrepancies reported during the on-site phase of the audit in order for the agency to be in compliance with the applicable Prison Rape Elimination Act standards. The auditor and agency agreed upon an immediate corrective action plan to be completed within thirty days of the on-site portion of the audit. The auditor worked together with the agency Prison Rape Elimination Act coordinator throughout the thirty day corrective action period. On August 29, 2014, the auditor completed another on-site visit and review of the agency's corrective action measures. The auditor submitted the compliance tool report to the agency on September 1, 2014 that specifically identified standards not met along with a recommendation to proceed to the 180 day corrective action phase of the audit.

The auditor used an objective random selection process for the inmates and staff interviews. Utilizing inmate and staff listings provided by the agency, the auditor selected names based on the last name of each individual in alphabetical order in increments of five. The auditor interviewed all six youthful inmates under age eighteen. Eleven inmates who were limited English speaking were interviewed with

the assistance and interpretation services offered by an agency staff member. Four inmates who identified themselves as either lesbian, gay, bi-sexual, transgender, or intersex were interviewed. Three inmates with impairments were interviewed. During the follow-up visit on September 1, 2014, the auditor again interviewed all of the youthful inmates under the age eighteen and an inmate involved in a third party report to the auditor during the course of the audit.

There were 32 sexual assault and sexual abuse harassment allegation cases reported during the past 12 month period from the date of the audit. A total of 3 were referred for criminal investigation with the remaining referred for administrative investigation. The one case being pursued criminally was dismissed due to the victim not wanting to pursue the case any further resulting in no substantiated cases for the agency during the past 12 month period from the date of the audit. The auditor received one third party written report, during the course of the audit, of an alleged sexual assault related incident at the main jail. The agency Prison Rape Elimination Act coordinator did not provide the auditor with any form of verification that the incident was reviewed or investigated which contributed in part to the 180 day corrective action phase recommendation. The auditor did receive and review the agency's investigation and resolution to the incident during the 180 day corrective action phase of the audit.

DESCRIPTION OF FACILITY CHARACTERISTICS:

The Spartanburg County Detention Facility is located at 950 California Avenue, in Spartanburg, South Carolina. The main detention facility with a rated bed capacity of 365 beds, sits on approximately 42 acres of land, was built in 1994, and is approximately 135,200 square feet in size. It is a county jail with a reported inmate population at the time of the audit, to include annex facilities, totaling 785 inmates. The number of staff reported is 238. The average length of stay for an inmate is 61.5 days. The agency has what is considered two annex facilities which consist of a holding facility next to the courthouse located at 180 Magnolia Street and a converted dormitory style housing facility located at 180 North Daniel Morgan Avenue. Both annex facilities are located across the street from each other in the downtown district of Spartanburg, South Carolina. Annex 1 is a 107 bed holding facility, is attached to the courthouse, and is only used for temporary housing of detainees. It was built in 1958, and is approximately 17,084 square feet in size. Annex 2 is mostly open bay with 255 total beds, with a rated capacity of 131 beds. It was converted from a warehouse in 1989 to hold inmates and later used as an overnight facility to ease overcrowding from the main jail and is approximately 35,460 square feet in size. The main jail and annex facility is overcrowded, as reported by the South Carolina Association of Counties Risk Management Facility Overview and Staffing Needs Assessment dated May 30, 2014, along with the agency being short staffed.

Per the South Carolina Association of Counties Report, the Main Jail is rated by the Jail and Prison Inspection Division of the South Carolina Department of Corrections to house three hundred sixty-five (365) inmates. The average inmate daily population was approximately six hundred twenty-two (622)

inmates, with a high count of seven hundred one (701) during the last year. This level of overcrowding, combined with the requirement for providing mandated services, necessitates higher staffing levels.

Annex I is rated by the Jail and Prison Inspection Division of the Department of Corrections to house seventy-six (76) inmates in holding cells located in the Court House. Inmates are brought to Annex I during the day to await trial and hearings.

Annex II is rated by the Jail and Prison Inspection Division of the Department of Corrections to house one hundred thirty-one (131) inmates. The average inmate daily population was approximately one hundred fifty-seven (157) inmates, with a high count of two hundred fourteen (214) during the last year.

When the Main Jail was opened, Annex II was closed. However, due to immediate overcrowding, Annex II was reopened. The physical limitations of this building require increased staffing and supervision levels. Additional inmate housing should be built as soon as possible.

Inmates are located in different types of multi-occupancy units and single cells throughout the Main Jail and Annex II, based on their classification levels. Due to the design of the existing facilities inmates are monitored by direct supervision, by indirect supervision, by Officers making rounds, and by cameras. However, the use of cameras cannot be substituted to reduce minimum staffing requirements or to eliminate mandatory rounds. Officers are still required to make rounds throughout the facilities and to enter each inmate living area.

The South Carolina Department of Corrections, Inspections Division, is tasked with inspecting detention facilities on an annual basis to determine compliance with the Minimum Standards and life safety issues. For the past several years the South Carolina Department of Corrections has cited the Spartanburg County Detention Center for failing to meet several Minimum Standards. These violations included inmate overcrowding; Lack of staffing to cover mandated posts; Inadequate inmate intercom systems; Inadequate ratio of toilets and showers to the number of inmates housed in the Units; Inadequate furnishings due to overcrowding; and the inability to properly separate sentenced and pre-trial inmates. The majority of the violations are related to overcrowding and the inability to properly supervise inmates due to lack of staff.

After each inspection the County has been told that they must develop a plan to address the noted violations. The County is in the process of mitigating these deficiencies.

If the County does not mitigate the violations listed in the reports the South Carolina Department of Corrections can implement several sanctions. The worst case scenario would be to force Spartanburg County to send all inmates above their combined rated capacity of four hundred ninety-three (493) to other facilities. Spartanburg County would then be responsible for paying that facility for housing those inmates and still providing Officers for security.

The auditor did note that during the course of the audit a large percentage of facility staff were newly hired within approximately twelve to twenty-four months prior to the audit, to include but not limited to, the Prison Rape Elimination Act coordinator. The auditor stressed the importance of Prison Rape Elimination Act related training during the exit interview to senior level agency staff.

SUMMARY OF AUDIT FINDINGS:

The auditor conducted a thorough week long on-site agency audit from July 28, 2014 to August 1, 2014. There were 32 sexual assault and sexual abuse harassment allegation cases reported during the past 12 month period from the date of the audit. A total of 3 were referred for criminal investigation with the remaining referred for administrative investigation. The one case being pursued criminally was dismissed due to the victim not wanting to pursue the case any further resulting in no substantiated cases for the agency during the past 12 month period from the date of the audit. The auditor received a third party written report, during the course of the audit, of an alleged sexual assault related incident at the main jail. The agency Prison Rape Elimination Act coordinator did not provide the auditor with any form of verification that the incident was reviewed or investigated during the second site visit which contributed in part to the 180 day corrective action phase recommendation.

The auditor conducted a second on-site visit to the agency on August 29, 2014, and could not verify all of the agreed upon corrective action completions by the agreed upon time line and 30 day deadline from the initial on-site audit. The auditor determination at that time was that the agency did not meet Prison Rape Elimination Act standards 115.11, 115.14, 115.16, 115.22, 115.71, and 115.73. The agency Prison Rape Elimination Act coordinator failed to provide the auditor with information in reference to a formal third-party written report of an alleged inmate-on-inmate sexual assault incident during the second on-site visit, along with educational documentation for youthful offenders, and a Spanish language interpretation of the inmate education video concerning the Prison Rape Elimination Act. The auditor recommended that the agency proceed into the 180 day corrective action phase of the audit. The auditor confirmed the agency's corrective action item completions during the course of the 180 day corrective action phase of the audit concluding on November 3, 2014. The agency meets the minimum requirement of each applicable Standard under the Prison Rape Elimination Act.

Number of standards exceeded: 0.

Number of standards met: 43.

Number of standards not met: 0.

Number of standards not applicable: 0.

PREA Standard 115.11: Zero tolerance of sexual abuse and sexual harassment.

- Exceeds Standard (substantially exceeds requirement of standard)

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

□ Does Not Meet Standard (requires corrective action)

Auditor comments: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency's approach to preventing, detecting, and responding to such conduct. The agency employs an agency-wide Prison Rape Elimination Act coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the Prison Rape Elimination Act standards.

The agency's policy mirrors the written language in the Prison Rape Elimination Act standard. Specifically, the agency Prison Rape Elimination Act policy (106) states: "In order to uphold the safety and security of the detention facility, inmates, staff and others, the Spartanburg County Detention Facility will establish guidelines and procedures in compliance with the requirements of the Prison Rape Elimination Act of 2003 and published standards related to the same. The Spartanburg County Detention Facility will uphold a zero tolerance policy on all forms of sexual harassment, sexual assault, and sexual abuse of inmates as defined under the Prison Rape Elimination Act. Any staff member, contractor, or volunteer found, upon investigation, to have been involved in any incident of inmate sexual abuse, assault, harassment, rape, attempted rape or sexual misconduct will be subject to disciplinary action, up to and including immediate termination of employment, services, or contract, consistent with Sheriff's Officer personnel or County policies and procedures. Staff, volunteers and contractors may be criminally prosecuted for such behavior, consistent with South Carolina statutes regarding the same. Inmates found, upon investigation, to be the perpetrators of sexual abuse, misconduct, harassment, assault, rape, and/or attempted rape, will be subject to disciplinary action, to include criminal prosecution, if applicable."

During the on-site portion of the audit, the auditor informed the facility director that the written mission statement posted at the entrance to the facility did not match the updated policies specifically related to the Prison Rape Elimination Act. The auditor recommended that the facility update the posted signage within the next 30 days of the on-site portion of the Prison Rape Elimination Act audit. It was noted that they had Prison Rape Elimination Act related postings and brochures, which specifically stated the facility policy related to Prison Rape Elimination Act Standard 115.11. The brochures were in multiple languages for visitor access. When questioned about the selection of languages, the Prison Rape Elimination Act Coordinator used geographic population data to determine the selection process. It was also noted that the facility had posted flyers that the auditor had created alerting of a Prison Rape Elimination Act audit. The flyers were posted more than 60 days prior to the on-site portion of the audit. The auditor received no telephone calls and one written correspondence as a result of the flyers. Interviews with staff and inmates revealed that they were well informed and knowledgeable concerning

the facility policy related to the Prison Rape Elimination Act Standard. Specifically, the auditor interviewed 42 staff members and 53 inmates. All were familiar with and knowledgeable concerning the facility zero tolerance policy. It was also noted during the on-site visit that the staff had pocket sized first responder check lists.

The Prison Rape Elimination Act coordinator has a direct link to the facility director in reference to any Prison Rape Elimination Act related issues, even though that person is assigned administratively to what is called the classifications department. It was noted during the on-site visit that an organizational chart posted in the training department was outdated and did not reflect the Prison Rape Elimination Act coordinator position. As well as outdated phone tree rosters at the staffing post located at the entrance to the facility which lacked the Prison Rape Elimination Act coordinator contact number. The recommendation during the on-site visit was to update the material. These items were corrected during the second on-site visit.

The detention facility has a main jail and two annex buildings. The Prison Rape Elimination Act coordinator is responsible for all locations that make up the detention center. The Prison Rape Elimination Act coordinator is also the Prison Rape Elimination Act compliance manager. The agency policy mandates a zero tolerance policy and an implementation plan is in place outlining how the agency will implement the zero-tolerance approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency has an easy to understand organizational chart and the auditor was provided a copy during the pre-audit phase of the audit. The agency meets the standard and complies in all material ways with the standard for the relevant review period.

The auditor reviewed the agency policies and procedures (policy 102 and 106); observed agency practices; reviewed data provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.12: Contracting with other entities for the confinement of inmates.

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

Auditor comments: Two contracts, specifically related to confining juveniles, were identified and forwarded to the Prison Rape Elimination Act Resource Center for further review. The State of South

Carolina operates a juvenile confinement facility that is available to Spartanburg County, which is located in Columbia, South Carolina. That facility is managed by the South Carolina Department of Juvenile Justice. Another juvenile facility is located in Greenville, South Carolina, and managed by Greenville County. Both juvenile facilities confine juveniles under the age of 17. The director of the Spartanburg County Detention facility provided the auditor with copies of memorandums and emails where the governor has confirmed that State agencies will comply with the Prison Rape Elimination Act. One recommendation by the auditor was for the two counties to work together in forming some type of agreement while waiting for the Department of Juvenile Justice of South Carolina. A memorandum of agreement from Greenville County dated August 4, 2014, confirms their commitment to becoming a Prison Rape Elimination Act compliant facility.

The auditor interviewed the agency director as well as contracting officials from Spartanburg County during the on-site portion of the audit. The agency provided the auditor with additional documentation by the established due date agreed to by both the auditor and the agency. The auditor reviewed agency policy (policy 106 and 300). The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.13: Supervision and monitoring.

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

Auditor comments: The facility developed a staffing plan with the assistance of an outside organization called The Moss Group. Approximately one third of the line staff have been hired within the past twelve month period. The facility was commended by the auditor on their new hire assessment and screening process with bringing on competent and motivated staff.

The agency staffing plan takes the following into consideration:

- 1) The physical layout of each facility;
- 2) The composition of the resident population;
- 3) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- 4) Any other relevant facts.

In circumstance where the staffing plan is not complied with, the agency shall document and justify all deviations from the plan. Whenever necessary, but no less frequently than once each year, the agency shall assess, determine, and document whether adjustments are needed to:

- 1) The staffing plan established pursuant to the standard;
- 2) Prevailing staffing patterns;
- 3) The facility's deployment of video monitoring systems and other monitoring technologies; and
- 4) The resources the facility has available to commit to ensure adequate staffing levels.

The facility utilizes a lot of overtime to fill in gaps with the various shift schedules and overall staffing plan. The use of overtime to compensate or augment for a shortage of staffing billets should be carefully monitored. Excessive amounts of overtime may negatively impact the daily routine, inmate supervision, and operations of each facility.

During the on-site portion of the audit, the auditor was informed by senior level staff that the facility operated three housing units in accordance with direct supervision standards. The auditor observed only one staff member assigned to a female housing unit actually performing duties in accordance with generally accepted and recognized direct supervision practices and standards. The auditor recommended several remedial training and implementation options to the classification officer concerning direct supervision practices in housing units. These options and recommendations were also discussed at the exit interview with the director and senior staff due to the numerous blind spots observed throughout the three facilities. The auditor informed the facility director and senior level staff concerning this observation during the out-brief portion of the on-site audit. The auditor informed them that the dorm housing unit at the main jail was not staffed full-time; they relied on camera observations along with 15 minute spot checks by roving staff. I checked the cameras at night, which were not sufficient. The auditor also relayed concerns with the current operating procedures in the Annex II facility, where one staff member directly monitors two separate housing areas. The inmate laundry area located at Annex II had numerous blind spots and the recommendation was that anytime the room is unlocked and inmates around, a staff member should be inside at all times. Annex II has no cameras in any of the housing units. One Prison Rape Elimination Act incident that occurred within the past year happened inside one of the housing units at Annex II. An article in the local Spartanburg newspaper, specifically about the Annex II facility, described it as a temporary solution to overcrowding from the main facility and should be closed. The auditor identified blind spots and problems with direct staff supervision and recommended either replacing both annex facilities or reducing the number of inmates at the main facility.

The main jail has a number of blind spots and the auditor recommended corrective action for each one to include but not limited to added staff rounds, secured doors, and adjustments to staff rotations and schedules. The inmate laundry area needs further monitoring even if that includes mirror placement or video monitoring technology. The classroom spaces have no cameras. The restrooms were observed to be unsecured and not consistently monitored. The recommendation was to secure all restroom doors and have staff control all entries and exits into those blind spot areas. The inmate restroom in the

kitchen was observed as a blind spot. The auditor found that the inmate door to the restroom and toilet area had a towel wrapped around the doorknob to keep it secured by the inmates when in use. The inmates used the open door restrooms at will without notifying staff. This area needed immediate attention. The recommendation was to remove the towel, secure the doors, and control access. All of the janitor closets inside the housing units were located in a blind spot. The auditor recommended securing these doors at all hours when not under direct supervision by staff.

It was also noted by the auditor that deputies from the Sheriff's Department perform augmentation shift coverage with one specifically being observed working in the facility Control Center. These deputies that are not normally assigned to the detention center need Prison Rape Elimination Act related training when they perform such augmentation duties at the detention center.

The auditor was impressed with the agency Special Operations Group and challenged the agency at the exit interview to create something similar in reference to inmate programs, services, and counseling. They conduct unannounced rounds through the inmate housing units on a regular basis.

The agency is in the first year cycle of becoming a Prison Rape Elimination Act compliant agency. Additional annual reviews will be available for audit during the next audit cycle. The auditor verified unannounced rounds during all shifts along with video monitoring demonstrating such rounds. While the agency meets the standard and complies with the standard for the relevant review period, the auditor advised the agency to address the auditor's recommendations along with the South Carolina Association of Counties Risk Management Report dated May 30, 2014. The auditor reviewed agency policy (policy 106). The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.14: Youthful inmates.

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

Auditor comments: The facility was not in compliance with the Prison Rape Elimination Act standard during the on-site portion of the audit and the director of the facility was immediately informed with an immediate action plan recommendation discussed at the exit interview. The auditor interviewed all youthful inmates assigned to the jail. One informed the auditor of a Prison Rape Elimination Act related complaint he forwarded to the Prison Rape Elimination Act coordinator. Another informed the auditor of adult inmates intimidating him to give them portions of his meals. The auditor recommended immediate corrective action with concurrence from the director to address non-compliance with this

standard within the next 30 days after the on-site portion of the audit. The immediate action plan consisted of removing all youthful inmates from adult housing units and placing them in the Dorm unit of the main jail. During the second site visit by the auditor, the facility pursued housing the male youthful inmates at a separate unit at the Annex II facility. The female housing unit has a separate area of the housing unit where accommodations can be used to be in compliance with the Prison Rape Elimination Act standard.

The auditor interviewed the facility programs officer and recommended several options for large muscle exercise. The facility had no options at all for large muscle exercise other than walking around courtyards or performing individualized calisthenics. The programs officer commented that they had an increased amount of basketball related injuries and thus all of the basketballs were removed. The auditor recommended coordination with the various school districts to provide individualized education programs for each youthful inmate. The facility had no such arrangement or offerings at the time of the on-site portion of the audit. The programs officer commented that they had a previous incident with a teacher who visited where the youthful inmate gained access to the teacher's computer along with the internet. The auditor recommended coordination with various local libraries and book donation options for increased access to reading material. The programs officer commented that they had a previous incident where inmates were tearing magazines apart for pictures and thus were restricted. The auditor stressed to the programs and classification officers the importance of inmate programs and benefits of generally accepted correctional practices.

During the second on-site visit on August 29, 2014, the auditor reviewed the changes that the agency incorporated to be in compliance with the standard. The agency decided to house the male youthful offender inmates in a separate housing unit located at the annex II facility and house the female youthful offender inmates in a separate area inside the female dorm located at the main facility. The auditor did not find the agency in compliance, specifically with standard 115.14 (c), which contributed in part to the agency proceeding into the 180 day corrective action portion of the audit. The Prison Rape Elimination Act coordinator continued to work toward compliance and provided the auditor with follow-up documentation to confirm compliance after the second on-site visit.

The auditor reviewed agency policy (policy 105). While the agency meets and complies with this standard, the agency was advised to review the auditor's recommendations.

PREA Standard 115.15: Limits to cross-gender viewing and searches.

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

Auditor comments: The facility has a written policy that prohibits any cross-gender viewing and searches. The Prison Rape Elimination Act coordinator was tasked with providing confirmation of cross-gender pat-down search training concerning transgender and intersex inmates due to the auditor's inability to verify compliance. The training officer followed-up with the auditor after the on-site portion of the audit and provided specific lesson plans verifying staff cross-gender pat-down searches as well as transgender and intersex searches. The training officer also verified with the auditor a correction to the posted organizational chart that was on the wall during staff pre-service training and missing the Prison Rape Elimination Act coordinator position on it.

The auditor reported at the exit interview to the director and senior staff that limited English speaking inmate interviews reported not hearing or understanding opposite gender entry into the housing units on a consistent basis. The auditor confirmed through observation throughout the week that announcements were not consistent on every shift and every platoon inside the inmate housing units. The booking area lacked opposite gender announcements and a recommendation was made at the exit interview to have same gender staff on each side of the booking area. A camera inside the Dorm housing unit had a clear view of a male shower and was accessible to the control center and all senior staff via working computers. The female inmate showers had viewing blockages installed on the camera system inside the housing units. The auditor recommended these items as immediate corrective action issues during the exit interview and on-site portion of the audit.

The agency completed the auditor recommended changes and provided additional training documentation as requested within the due dates established by both the auditor and agency. A spot-check of record or computer-based data entries was reviewed due to the lack of the use of logs. The auditor also reviewed video coverage within the agency control center. The camera inside the Dorm housing unit was corrected. The auditor reviewed agency policy (policy 205, 206, and 207). The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.16: Inmates with disabilities and Inmates who are limited English proficient.

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

Auditor comments: During the inmate interviews it was noted by the auditor that limited English proficient inmates are utilizing inmate interpreters to assist them during confinement. The facility policy specifically states that inmate interpreters will not be relied upon, but the feedback from the inmate interviews reveals the opposite with the majority of the limited English proficient inmate interviews. The inmate Prison Rape Elimination Act orientation training video is in English only. The auditor

recommended that a Spanish translation version of the video be added and the Prison Rape Elimination Act coordinator and agency/staff interpreter agreed. The inmates also stated that they did not hear and/or understand when the housing unit staff would announce when a female is present on deck. The auditor recommended that line staff be trained and announce in Spanish as well as English. It was noted that Spanish version Prison Rape Elimination Act postings were observed throughout the facilities as well as on the inmate kiosk system. Several recommendations were made by the auditor during the on-site portion of the audit along with the exit interview with senior agency staff.

The auditor noted that the agency works with a large number of inmates struggling with substance abuse and mental health issues. The auditor interviewed one particular female inmate as a result of the random selection process that was struggling with a mental health issue. The auditor was not able to successfully interview the inmate inside the facility segregation unit. The auditor discussed these issues with the representative assigned to the agency from the South Carolina Department of Mental Health.

The Moss Group mock audit report recommended that the agency create a tracking report in reference to the number of times an interpreter is needed or requested. They also recommended that the agency provide more mechanisms for communicating effectively with the inmates with disabilities along with inmates with limited learning abilities. The auditor discussed these issues along with other overall agency deficiencies in the area of inmate counseling options during the on-site portion of the audit process and exit interview. The director agreed that the agency is deficient in the area of inmate counseling services and was working on getting additional staff or other outside options for that purpose.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data and documentation provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The auditor found the agency not in compliance with Prison Rape Elimination Act Standard 115.16(c) during the on-site portion of the audit and follow-up revisit on August 29, 2014, which contributed in part to the auditor recommendation for the audit to enter into a 180 day corrective action period. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established due dates. The auditor confirmed compliance on November 3, 2014. The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.17: Hiring and promotion decisions.

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

Auditor comments: The agency does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described.

The agency considers 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 inmates. The agency performs a criminal background records check before enlisting the services of any contractor who may have contact with residents. A process is in place for criminal background checks at least every five years for current employees and contractors who may have contact with residents.

An interview with the agency human resources staff confirmed compliance with the Prison Rape Elimination Act standard. Each new hire along with volunteers and contractors receive a thorough background screening. This screening specifically includes criminal background checks through the National Crime Information Center and South Carolina operated by certified Spartanburg County Sheriff's Department staff along with local employer references. A sampling of new hires or promotions in the last 12 months not only revealed thorough background checks, but a quality recruiting program resulting in approximately thirty new staff. The auditor was impressed with the quality of the new hires along with the screening process established by the agency. A number of these new staff members were interviewed by the auditor. Background checks are also performed on volunteers and contractors. The auditor recommended that the Human Resources Manager be more involved in the interviewing portion of the new hire process.

The auditor reviewed the agency policies and procedures (agency policy 106); observed agency practices; reviewed data and documentation provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established due dates. The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.18: Upgrades to facilities and technologies.

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

Auditor comments: As a result of a Prison Rape Elimination Act mock audit conducted by the Moss Group, 22 video cameras were added throughout the facility. A current ongoing upgrade is being conducted in Annex II specifically for the purpose of housing youthful inmates (i.e. between the ages of 17 and 18) separately from adults again as a result of the mock audit recommendations. Two female cells are also being upgraded to be in compliance with the Prison Rape Elimination Act standard. Both upgrades are specifically related to Prison Rape Elimination Act compliance.

The auditor recommended several upgrades to the facilities and technology as a result of the on-site portion of the audit. Specifically, immediate correction to the dorm area camera located in the main facility, which showed male inmates showering. Additional cameras or mounted mirrors were needed in identified blind spots such as classrooms, laundry area, and night vision correction to the dormitory unit, all located at the main facility. All of the inmate housing areas needed mounted mirrors near the janitor closets or doors kept secured when not under direct staff supervision. The Annex II facility laundry room had numerous blind spots due to the design deficiencies of the space, and the recommendation was not only for video monitoring but staff direct supervision anytime inmates are in the area.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data and documentation provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established due dates. The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.21: Evidence protocol and forensic medical examination.

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

Auditor comments: The agency policy refers forensic medical examinations to the Spartanburg Regional Medical Center. After interviewing the area director responsible for forensic medical examinations, the auditor was able to confirm credentials, specifically for both Sexual Assault Forensic Examiners and Sexual Assault Nurse Examiners. The area director was also specifically credentialed for adults and juveniles forensic examinations. The area director produced copies of certificates for Pediatric Forensic Nurse Examiner dated 2009; Sexual Assault Nurse Examiner dated 2014; and Sexual Assault Nurse Examiner dated 2007. The area director also produced a copy of the checklist for sexual assault victims conducted at the Spartanburg Regional Medical Center. The hospital has 17 total forensic examiners on staff with 3 specializing as pediatric forensic examiners. The director acknowledged an agreement with the agency and training and understanding in reference to the Prison Rape Elimination Act.

As requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews, and shall provide emotional support, crisis intervention, information, and referrals. The Spartanburg County Sheriff's Department has victim advocate staff that can be utilized by the jail.

The auditor interviewed the criminal investigator assigned to the Spartanburg County Sheriff's Department. The criminal investigator has over ten years' experience and specializes in sexual assault cases. The criminal investigator acknowledged training and understanding in reference to the Prison Rape Elimination Act. Any criminal sexual misconduct cases involving agency staff are referred to the South Carolina Law Enforcement Division which is a State agency. Any administrative investigations are handled by the agency Prison Rape Elimination Act coordinator. The auditor recommended the online specialized investigative training available from the National Institute of Corrections. All of the initial responder staff the auditor interviewed has written response cards on hand at all times, which mirrored the written language in the Prison Rape Elimination Act standard.

The auditor reviewed the agency policies and procedures (policy 106) along with the evidence protocol for sexual assault medical forensic examinations; observed agency practices; reviewed data and documentation provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established due dates. The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.22: Policies to ensure referrals of allegations for investigations.

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

Auditor comments: The PREA Coordinator conducts administrative investigations, criminal investigations involving agency staff are referred to the South Carolina State Law Enforcement Division which is an outside agency, and criminal investigation involving inmates are referred to the Spartanburg County Sheriff's Department. The auditor recommended that the agency add the State Law Enforcement Division criminal investigations referral to the agency website during the on-site portion of the audit. The auditor confirmed that the agency followed through on the recommendation during the 180 day corrective action portion of the audit. That particular item was referenced in the Moss Group mock audit and not followed-up on for corrective action. The auditor interviewed the criminal investigator

assigned to the Spartanburg County Sheriff's Department and confirmed her extensive training related to sexual abuse investigations along with familiarity and specialized training with the Prison Rape Elimination Act. The auditor was impressed with her extensive and specialized experience related to sexual abuse investigations.

The auditor reviewed the sexual abuse and sexual harassment case files that the agency Prison Rape Elimination Act coordinator kept on file. The auditor recommended publication that describes investigative responsibilities of both the agency and the separate entity that conducts staff criminal investigations on the agency website. The auditor confirmed during the 180 day corrective action portion of the audit that the Prison Rape Elimination Act coordinator completed the recommended corrective actions along with following up with an investigation and resolution to a third-party incident report received by the auditor.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items, during the 180 day corrective action portion of the audit, as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.31: Employee training.

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

Auditor comments: The Prison Rape Elimination Act coordinator completes staff pre-service and in-service training along with certain volunteers and contractors. The agency chaplain and programs officer assist the Prison Rape Elimination Act coordinator by also completing volunteer and contractor training. Interviews with staff, volunteers, and contractors confirm training is being conducted in accordance with the Prison Rape Elimination Act standard. Specifically, the agency trains all employees who have contact with inmates on the following:

- 1) Its zero-tolerance policy for sexual abuse and sexual harassment;
- 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment; prevention, detection, reporting, and response policies and procedures;
- 3) Resident's right to be free from sexual abuse and sexual harassment;

- 4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- 5) The dynamics of sexual abuse and sexual harassment in confinement;
- 6) The common reactions of sexual abuse and sexual harassment victims;
- 7) How to detect and respond to signs of threatened and actual sexual abuse;
- 8) How to avoid inappropriate relationships with residents;
- 9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The auditor interviewed all three staff members assigned to the facility training department to confirm compliance with the Prison Rape Elimination Act standard and to emphasize the importance of staff training. Specifically, the training administrators shared two rosters of all staff assigned to the facility confirming completion of Prison Rape Elimination Act training. The Moss Group mock audit assisted, observed, and critiqued the Prison Rape Elimination Act training curriculum. The review was positive and met the Prison Rape Elimination Act standard.

The auditor observed an agency staff pre-service training program being run at the time of the on-site portion of the audit. The auditor recommended further Prison Rape Elimination Act related training along with some type of follow-up with staff members that already received the initial training. Some of the recommendations came from agency staff themselves during the interview portion of the audit.

The auditor interviewed all three agency staff members assigned to training. The training staff produced a listing of all the agency staff training related to the Prison Rape Elimination Act along with the number of training hours for each staff member. The auditor recommended further training during the on-site portion of the audit and exit interview with senior staff.

The auditor reviewed the agency policies and procedures (policy 104); observed agency practices; reviewed data and documentation provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items, during the 180 day corrective action portion of the audit, as jointly agreed upon by both the auditor and the agency along with the established due dates. The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.32: Volunteer and contractor training.

- Exceeds Standard (substantially exceeds requirement of standard)

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

□ Does Not Meet Standard (requires corrective action)

Auditor comments: The Prison Rape Elimination Act coordinator created PowerPoint and training plans for each group of employee training to include volunteer and contractor training. The agency ensures volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor received a list of volunteer and contractors from the Prison Rape Elimination Act coordinator along with reviewing relevant documentation of training. The auditor specifically interviewed volunteers and contractors to confirm completion and understanding of the training in accordance with the Prison Rape Elimination Act standard. It was noted during the on-site portion of the audit that interns are being used for inmate counseling by a community-based organization called WestGate. The auditor interviewed the director of the organization and discussed concerns with these interns performing counseling with inmates under limited supervision. The auditor also expressed concerns with this practice during the exit interview with the director and senior staff. The auditor recommended increased oversight and supervision along with follow-up Prison Rape Elimination Act related training by the agency Prison Rape Elimination Act coordinator. These interns are inexperienced with working in a corrections environment.

The auditor interviewed a contractor that operates and manages the inmate canteen services. He was knowledgeable about the Prison Rape Elimination Act related training and acknowledged his understanding and responsibility. A contractor that performs inmate programs was interviewed and denied receiving any form of Prison Rape Elimination Act training. The auditor received conflicting information on if the gentleman was a volunteer or contractor. The auditor noted that the agency requires volunteers to wear badges inside the facility, but does not require contractors to wear badges. The auditor recommended improved supervisory oversight and tracking in reference to contractors during the on-site portion of the audit and exit interview with senior agency staff.

The auditor observed and interviewed one particular volunteer who was teaching a group of inmates in one of the classrooms during the on-site portion of the audit. The volunteer was knowledgeable about the Prison Rape Elimination Act related training and acknowledged her understanding and responsibility. The auditor recommended improved supervisory oversight for volunteers that are left in the classrooms with limited supervision and no camera coverage. The level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The auditor did note that the contractor who denied receiving Prison Rape Elimination Act training was dismissed after further follow-up with the director of the facility and the individual not being allowed back on the jail premises.

The auditor reviewed the agency policies and procedures (policy 901); observed agency practices; reviewed data and documentation provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established due dates. The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.33: Inmate Education.

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

Auditor comments: Prison Rape Elimination Act inmate education options were duplicative to include but limited to postings on walls throughout each facility, brochures, videos, kiosk system, and monitor feeds. During the intake process, inmates 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. The agency provides a comprehensive education to inmates 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.

The Prison Rape Elimination Act coordinator utilizes an inmate video produced by a Prison Rape Elimination Act Resource Center support organization. The inmate interviews confirmed Prison Rape Elimination Act related education and training within a very short period of arrival time. The auditor recommended a Spanish translation version and follow-up training. Some inmates revealed that they were required to sit inside a classroom to view the video. The video is only one tool and is designed for follow-up training at the individual facility level in order that local policies and procedures can be further explained. Multiple levels of instruction were observed such as policies uploaded on other electronic media sources, but as recommended with the limited English inmates the material may need to be followed-up by staff instruction. Some inmates revealed during the interview that it was so noisy inside the classroom at the time of the video viewing that the education and training was not well received or even discarded. The auditor noted that the newly arriving inmates receive the inmate Prison Rape Elimination Act training within a very timely manner, from 24 to 72 hours, and recommended improved quality of delivery. The auditor recommended some form of staff presence or facilitation instead of relying on the inmates viewing videotape or reading material related to the Prison Rape Elimination Act.

The auditor spot checked intake records, reviewed the agency kiosk system, inmate handbook, video streams, video programs, and written material available to inmates and staff. The material covers the relevant material and is in accordance with the Prison Rape Elimination Act standard. The auditor was impressed with the amount of Prison Rape Elimination Act related material available throughout the facilities.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data and documentation provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established due dates. The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.34: Specialized training: Investigations.

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

Auditor comments: The Prison Rape Elimination Act coordinator is the assigned agency administrative investigator, the Spartanburg County Sheriff's Department is the assigned criminal investigator, and the South Carolina Law Enforcement Division is the assigned criminal investigator involving any form of sexual misconduct related to jail staff. The Prison Rape Elimination Act coordinator created a PowerPoint and specialized training material for investigators. 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. The agency training is in accordance with the Prison Rape Elimination Act standard. The auditor recommended augmenting localized training with the on-line investigator training offered by the National Institute of Corrections.

The auditor interviewed the sexual assault criminal investigator from the Spartanburg County Sheriff's Department and was impressed with the specialized experience and training she had. She has over ten years of specialized experience working sexual assault cases. She acknowledged her understanding and responsibilities under Prison Rape Elimination Act and the training is in accordance with the Prison Rape Elimination Act standard. The agency could not provide confirmation in reference to the criminal investigators from the South Carolina Law Enforcement Division receiving specialized training. It is a State agency and considered an outside organization. The agency has no authority over the State agency and can only recommend that they complete the specialized training.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data and documentation provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items, within the 180 day corrective action phase of the audit, as jointly agreed upon by both the auditor and the agency along with the established due dates. The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.35: Specialized training: Medical and mental health care.

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

Auditor comments: The Prison Rape Elimination Act coordinator created a PowerPoint and specialized training material for the agency medical and mental health care staff. The auditor interviewed the agency medical administrator, physician, nurses, mental health counselor, intake nurse, and pharmacy technicians. The medical and mental health staff interviewed were knowledgeable in reference to the Prison Rape Elimination Act training and acknowledged responsibility and understanding of the Prison Rape Elimination Act standards. The agency ensures that all full, part-time, and contract medical and mental health care practitioners who work regularly in its facilities have been trained in:

- 1) How to detect and assess signs of sexual abuse and sexual harassment;
- 2) How to preserve physical evidence of sexual abuse;
- 3) How to respond effectively and professionally to victims of sexual abuse/harassment; and
- 4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The auditor recommended augmenting localized training with the on-line medical and mental health care specialized training offered by the National Institute of Corrections. The auditor recommended some form of additional inmate counseling services during the on-site portion of the audit and exit interview with senior agency staff. The director of the agency acknowledged this overall agency deficiency and expressed plans for improving inmate counseling services.

The auditor reviewed the agency policies and procedures (policy 400 and 106); observed agency practices; reviewed data and documentation provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established due dates. The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.41: Screening for risk of victimization and abusiveness.

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

Auditor comments: Based on interviews with random inmates and intake staff, all inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screening shall ordinarily take place within 72 hours of arrival and more often is completed within 24 to 48 hours of arrival. Such assessments shall be conducted using an objective screening instrument. The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

- 1) Whether the inmate has a mental, physical, or developmental disability;
- 2) The age of the inmate;
- 3) The physical build of the inmate;
- 4) Whether the inmate has previously been incarcerated;
- 5) Whether the inmate's criminal history is exclusively nonviolent;
- 6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- 7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- 8) Whether the inmate has previously experienced sexual victimization; and
- 9) The inmate's own perception of vulnerability.

The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. An inmate's risk level is reassessed within 30 days from the inmate's arrival when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The inmates are not to be disciplined for refusing to answer, or for not disclosing complete information in response to questions asked.

The agency implements appropriate controls on the dissemination within the agency of responses to questions asked pursuant to this standard or order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Only limited staff has access to the risk screening form such as medical, mental health, executive director, facility director, as well as the Prison Rape Elimination Act coordinator.

The agency screening process for risk of victimization and abusiveness is multi-faceted, consisting of three phases, with several different staff and departments coordinating together. The first phase started at the inmate booking process and was conducted by the booking technicians. Auditor interviews confirmed training and understanding in accordance with local policy and Prison Rape Elimination Act standard. The screening process and tools were created locally for the agency and coordinated by the Prison Rape Elimination Act coordinator. The Moss Group also reviewed the process during their mock audit of the agency. The second phase of the screening is conducted by a nurse with more one-on-one individualized attention in order for the inmate to feel more comfortable in self-disclosure. The third phase involved inmate classification staff along with follow-up. The Prison Rape Elimination Act coordinator is also involved in the third phase.

The auditor noted during the interview phase with two different booking technicians that they seemed unfamiliar with what intersex means. The auditor recommended follow-up Prison Rape Elimination Act training especially with key personnel involved in the screening process for risk of victimization and abusiveness. The auditor also recommended that the booking technicians should not be responsible for monitoring the opening and closing of two inmate restrooms used by both male and female inmates in what is called the "pit area" of the facility booking process. The auditor observed an inmate prop the restroom door open during the on-site portion of the audit tour and brought this issue up during the exit interview with senior agency staff as an immediate corrective action item.

The auditor interviewed a female inmate that the Prison Rape Elimination Act coordinator had identified as being gay. During the interview process the inmate denied being gay, and after further inquiry she described telling the facility staff that she was gay after a previous booking into the facility. She stated that this time after being booked into the facility and learning about the new Prison Rape Elimination Act screening process she became upset about the "labeling of being gay" and described herself as being "straight". The auditor noted another interview with a male inmate that the Prison Rape Elimination Act coordinator had identified as being gay and he also was upset and concerned about potentially being singled out. The auditor interviewed a member of the Moss Group mock audit team and he seemed concerned about the agency's inmate classification process. The auditor recommended to the agency classification staff to review different types of inmate classification systems to more objectively classify the agency inmates.

The Prison Rape Elimination Act coordinator did not provide documentation for any inmates reassessed

for risk of sexual victimization or abusiveness after the initial assessment during the intake and booking process. The screening process consists of entries into the facility computer-based system within the required 72 hours.

The auditor reviewed the agency policies and procedures (policy 208.1); observed agency practices; reviewed data and documentation provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established due dates. The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.42: Use of screening information.

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

Auditor comments: The facility classification program officers along with the Prison Rape Elimination Act coordinator work together to ensure proper use and follow-up is conducted with the inmate screening information. The auditor observed and reviewed the agency's risk-based housing decisions. The auditor interviewed the agency's two inmate classification staff. The agency uses information from the risk screening to inform housing, cell, bed, work, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The auditor recommended further training on what to do with the screening information and how the process works in conjunction with a direct supervision housing unit and generally accepted correctional practices. The auditor recommended further inquiry into different corrections field inmate classification systems during the on-site portion of the audit and exit interview with senior agency staff.

The auditor was impressed with the low overall inmate incident levels compared to the overall inmate population and the agency reliance on the classification staff to accurately place inmates in the different housing units. The auditor also was impressed with the agencies establishment of a corrections special operations group which assists with keeping incident levels low. The auditor advised the agency director at the exit interview that an over reliance on "hard skill vice soft skill" security measures may have a negative impact on inmates reporting incidents and overall lack of trust in the staff to respond to reports.

The auditor reviewed the agency policies and procedures (policy 208.1 and 300); observed agency practices; reviewed data and documentation provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as

jointly agreed upon by both the auditor and the agency along with the established due dates. The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.43: Protective custody.

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

Auditor comments: The auditor confirmed that the agency has a policy for protective custody. Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. The auditor interviewed and reviewed the agency segregated housing unit policies and procedures along with documentation examples of inmate reviews by the classification officer. The auditor interviewed both the Prison Rape Elimination Act coordinator and classification sergeant and they provided copies of the agency segregated housing unit review forms. Each inmate assigned to special housing is reviewed on a continuous basis and under 30 day increments. The Prison Rape Elimination Act coordinator identified only one inmate in the pre-audit questionnaire as being held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. The auditor reviewed and toured the segregated housing unit and cells during the on-site portion of the audit.

The auditor noted the overall lack of inmate recreational programs throughout the facilities regardless of the segregated housing assignments. The auditor interviewed the agency programs staff and he stated basketballs were removed from all housing units due to the increased number of basketball related injuries. The auditor noted the only large muscle exercise available to any inmate was walking around the various courtyards throughout the facility housing units or individualized exercise inside the inmates' cell. Several magazines were removed due to the inmates tearing pages out and hanging them on the walls inside cells. The auditor recommended several improvements to all inmate programs to the agency programs staff.

The auditor reviewed the agency policies and procedures (policy 208.1, 300, and 301); observed agency practices; reviewed data and documentation provided by the agency staff; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established due dates. The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.51: Inmate reporting.

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

Auditor comments: The agency has multiple ways for inmate reporting of sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. One internal agency process of inmate reporting is through the inmate kiosk system which is an internal electronic agency inmate request processing system. Reports from the inmate kiosk system get routed to the agency Prison Rape Elimination Act coordinator. The auditor tested the inmate phone systems in every inmate housing unit to confirm agency designated crime stoppers access which is an outside public entity that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials. The agency informed me that they do not electronically record or track these numbers and that all inmates have access to the outside entity. The auditor contacted the local Spartanburg rape crisis center and the director confirmed, per additional documented attempts by the agency, that they would not service the inmates or agency. The director of the rape crisis center reported one call from a female inmate within the last year that came through the crisis help line and provided no further information related to that service call. The auditor also contacted Just Detention International, which is a national advocacy organization, and they stated that they have not fielded any calls or contacts related to the Spartanburg County Detention Center. The auditor interviewed inmates and they were well informed concerning the inmate reporting process for anything related to the Prison Rape Elimination Act.

The auditor recommended to the Prison Rape Elimination Act coordinator to create some form of information referral for inmates detained for civil immigration and how to contact relevant consular officials and relevant official at the Department of Homeland Security. The auditor confirmed the completion of this recommended corrective action item with the agency Prison Rape Elimination Act coordinator during the on-site portion of the audit. The auditor was impressed that the agency staff through random interviews was very familiar with taking reports made either verbally, in writing, anonymously, and from third parties, and awareness to promptly document any verbal reports.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data and documentation provided by the agency staff; interviewed outside organizations; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the

corrective action items as jointly agreed upon by both the auditor and the agency along with the established due dates. The agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.52: Exhaustion of administrative remedies.

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

Auditor comments: The agency does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The agency ensures that an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. The agency issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days, and normally more often than not less than 70 days, of the initial filing of the grievance. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of the inmates. The agency reported no third-party assistance declining for inmates during the past 12 months. The agency has established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance to a level of review at which immediate corrective action is taken and provides an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

An addendum to the agency policy, Policy 704, was added specifically to be in compliance with the Prison Rape Elimination Act standard. The inmate has the option to submit a grievance directly to the facility director via the inmate kiosk system. The director may assign the Prison Rape Elimination Act coordinator to investigate any inmate grievances. The agency reported 2 cases of inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed a grievance in bad faith.

The auditor reviewed the agency policies and procedures (policy 704 and 106); observed agency practices; reviewed data provided by the agency staff; reviewed the inmate handbook and kiosk system

concerning the grievance process; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.53: Inmate access to outside confidential support services.

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

Auditor comments: The agency has mental health counselors assigned to the agency from the South Carolina Department of Mental Health and non-profit training institute called WestGate. The inmates have access to them as well as outside organizations such as Carolina Behavioral Health and the Spartanburg Regional Hospital. The inmates are provided with access to outside victim advocates for emotional support services related to sexual abuse. The agency enables reasonable access and communication between inmates and these organizations and agencies, in as confidential a manner as possible. Phone calls to the crisis and hotline are not recorded.

The auditor confirmed with the local Spartanburg County rape crisis center along with documentation provided by the PREA Coordinator that they declined services to the inmates and Spartanburg County Detention Center. The auditor interviewed the director of the rape crisis center and they reported fielding one telephone call from a female inmate released from the Spartanburg County Detention Facility during the past 12 month reporting period. No other information was provided other than fielding the telephone call. The auditor interviewed a national sexual abuse organization called Just Detention International and they confirmed fielding no inmate reports during the past 12 month reporting period.

During the interview portion of the audit, the mental health providers recommended that the agency hire full-time mental health practitioners for the inmates. The auditor recommended some form of full-time counseling or mental health staff for the inmates during the exit interview portion of the site visit with senior agency staff.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as

jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.54: Third-party reporting.

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

Auditor comments: The auditor confirmed that the agency has policies and procedures, specifically Policy 106, that third-party reports will be accepted by Crime Stoppers (outside agency), the director of the facility, and/or the Prison Rape Elimination Act coordinator and other staff. The auditor verified through staff interviews that specialty staff are aware of and concur with reporting requirements in accordance with the agency policy and Prison Rape Elimination Act standard.

The auditor received a third-party report during the on-site portion of the audit and the agency addressed the report during the 180 day corrective action portion of the audit. The auditor also tested the Crime Stoppers line and recommended further coordination and training for the initial responders that answer the calls. The auditor recommended additions to the agency website and the Prison Rape Elimination Act coordinator made the corrections during the 180 day corrective action portion of the audit. Specifically, identifying the South Carolina Law Enforcement Division investigators on the website for third-party access and reporting in accordance with the Prison Rape Elimination Act standard.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.61: Staff and agency reporting duties.

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

Auditor comments: Based on a review of agency policy, procedure, and practice along with staff interviews, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Other than 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. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse, and inform inmates of the practitioner's duty to report, and the limits of confidentiality, at the initiation of services.

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The auditor received a third-party report of sexual abuse from an inmate. The agency failed to produce any form of investigative file in reference to the alleged incident at the time of the follow-up visit to the agency which contributed to the auditor recommending to the agency that the audit proceed into the 180 day corrective action period.

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The auditor interviewed the mental health counselor from the South Carolina Department of Mental Health and recommended that they review South Carolina Code of Laws 43-35-25 (2012) in reference to a female inmate that the auditor interviewed at the time of the initial on-site portion of the audit. The inmate was assigned segregation status, apparently incoherent, and considered a vulnerable adult.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.62: Agency protection duties.

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor comments: The auditor confirmed through agency policies and procedures along with staff and inmate interviews that they will act immediately to any and all inmates in imminent danger or substantial risk of sexual abuse. When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. Specifically, the auditor interviewed both agency staff classification specialists to discuss inmate assignments to the various housing units along with reviews and special quarter's assignments to include protective custody.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.63: Reporting to other confinement facilities.

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

Auditor comments: Upon receiving an allegation that an inmate 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. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency documents that it has provided such notification. The head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with the Prison Rape Elimination Act standard. No reporting from or receipt of sexual misconduct was noted by the auditor from the agency.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.64: Staff first responder duties.

- Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments: Based on agency policy and procedures along with agency staff and resident interviews during the on-site portion of the audit, upon learning of an allegation that an inmate was sexually abused, the first staff member to respond to the report shall: 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 period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

If the first 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. The agency and facility is in compliance with the Prison Rape Elimination Act standard.

The auditor commended the agency at the exit interview, during the on-site portion of the audit, with the director and senior staff in reference to agency line staff responses to first responder duty questions by the auditor. All of the line staff that was interviewed by the auditor had customized first responder pocket-sized laminated cards created by the Prison Rape Elimination Act coordinator. They recited the first responder duties per policy, along with the Prison Rape Elimination Act standard, and were well informed and well versed on what to do.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.65: Coordinated response.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

- Does Not Meet Standard (requires corrective action)

Auditor comments: The agency through the assistance of outside consultants, Brennan Consulting and Training Services and the Moss Group, created a written institutional plan, agency policy 106, which coordinates agency assets in accordance with the Prison Rape Elimination Act standards. The agency has 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 agency leadership.

During the on-site portion of the audit, communication between different departments and organizations seemed effective. Staff and contractors knew who to report to for further guidance and communication if they needed questions answered.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.66: Preservation of ability to protect inmates from contact with abusers.

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

Auditor comments: Neither the agency nor any other government entity responsible for collective bargaining on the agency's behalf entered into or renewed any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

South Carolina is considered a right to work state and the Sheriff's Department has no collective bargaining as verified with the Spartanburg County Sheriff during the on-site portion of the audit. Staff serves or are employed at the discretion of the Sheriff. Any staff member can be terminated without cause by the Sheriff. During the staff interviews this policy along with a full understanding of the Prison Rape Elimination Act related no tolerance policy is evident especially with examples of past terminations

for other unrelated Prison Rape Elimination Act incidents. The staff is fully aware that a violation of policy may more than likely result in termination. During the on-site portion of the audit, the director dismissed a contractor that was interviewed by the auditor for reasons unrelated to the Prison Rape Elimination Act.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.67: Agency protection against retaliation.

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

Auditor comments: The agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The Prison Rape Elimination Act coordinator is the assigned agency staff member charged with investigating and tracking any form of retaliation. The agency employs multiple protection measures, such as housing and cell changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

For at least 90 days following a report of sexual abuse, the agency monitors the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. The Prison Rape Elimination Act coordinator monitors inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. Monitoring continues beyond 90 days if the initial monitoring indicates a continuing need. Monitoring also includes periodic status checks. Any other individuals who cooperate with an investigation expresses a fear of retaliation, the agency takes appropriate measures to protect that individual against retaliation. The auditor was impressed with the responsiveness of the agency

inmate classification staff in monitoring inmate housing changes. The auditor did note that more than one inmate had concerns about reporting for fear of potential retaliation and informed senior agency leadership during the exit interview portion of the audit.

The Prison Rape Elimination Act coordinator reported no incidents of retaliation during the past 12 month period from the date of the audit. The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.68: Post-allegation protective custody.

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

Auditor comments: The agency has a protective custody policy and procedure. Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of protective custody policy and procedure. The agency Prison Rape Elimination Act coordinator reported one inmate who alleges to have suffered some form of sexual abuse and was placed in involuntary segregation per his own request and in accordance with protective custody policy and Prison Rape Elimination Act standard 115.43. The auditor was impressed with the agency classification staff and their monitoring, management, and tracking of inmate housing and cell assignments. The auditor did note the limited options inmates have in reference to education, programs, and recreation while assigned to segregated housing and informed agency senior leadership staff during the exit interview portion of the audit.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.71: Criminal and administrative agency investigations.

- Exceeds Standard (substantially exceeds requirement of standard)

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

□ Does Not Meet Standard (requires corrective action)

Auditor comments: The agency Prison Rape Elimination Act coordinator is in charge of all administrative investigations. Any criminal investigation will either be referred to the Sheriff's Departments sexual crimes investigators and/or the South Carolina Law Enforcement Division which is a State agency. The auditor recommended that the South Carolina Law Enforcement Division be added to the agency website for outside agency investigations during the on-site portion of the audit. The auditor confirmed the correction during the 180 corrective action portion of the audit.

Per the standard, when an 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. The auditor received a third-party report during the on-site portion of the audit and the Prison Rape Elimination Act coordinator failed to produce any documentation related to the alleged incident. The auditor confirmed receipt and review of the alleged incident and investigation during the 180 day corrective action portion of the audit.

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to Prison Rape Elimination Act 115.34. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and deoxyribonucleic acid (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. 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. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate 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. The auditor interviewed the agency's criminal investigator and was impressed with her knowledge and experience. The criminal investigator works for the Spartanburg County Sheriff's Department and specializes in sex crimes with over ten years of experience. She was also knowledgeable about the Prison Rape Elimination Act. She was interviewed concerning the one alleged sexual assault case at the facility during the past twelve month period and confirmed that the victim declined to pursue the case after release from confinement. The departure of the alleged abuser or victim from the employment or control of the agency shall not provide a basis for terminating an investigation.

Administrative investigations include efforts to determine whether staff actions or failures to act

contributed to the abuse; and are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The agency retains all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The auditor reviewed written reports and investigations provided by the Prison Rape Elimination Act coordinator. The agency reported zero substantiated allegations of conduct that appeared to be criminal that were referred for prosecution during the past twelve month period.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.72: Evidentiary standard for administrative investigations.

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

Auditor comments: The Prison Rape Elimination Act coordinator is the appointed and assigned as administrative investigator for the agency. The agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.73: Reporting to inmates.

- Exceeds Standard (substantially exceeds requirement of standard)

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

□ Does Not Meet Standard (requires corrective action)

Auditor comments: The Prison Rape Elimination Act coordinator is responsible for reporting back to any inmates in reference to any Prison Rape Elimination Act related incidents. The agency informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Based on the agency's policy, following an inmate's allegation that a staff member has committed sexual abuse against an inmate, the agency shall subsequently inform the inmate (exception being if the allegation is determined to be unfounded) whenever:

- 1) The staff member is no longer employed by the agency;
- 2) The staff member is no longer posted within the inmate's unit;
- 3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the agency; or
- 4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the agency.

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 indicted on a charge related to sexual abuse within the agency; or the agency learns that the alleged abuse has been convicted on a charge related to sexual abuse within the agency.

The Prison Rape Elimination Act coordinator reported that 2 investigations of alleged inmate sexual abuse in the facility were completed by an outside agency in the past 12 months. All such notifications or attempted notifications are documented and retained by the agency Prison Rape Elimination Act coordinator. The agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.76: Disciplinary sanctions for staff.

□ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments: The auditor interviewed the agency human resources director. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The Prison Rape Elimination Act coordinator reported that one facility staff member was disciplined in the past 12 months for violating the agency sexual abuse or sexual harassment policies. The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.77: Corrective action for contractors and volunteers.

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Auditor comments: The auditor interviewed four contractors during the on-site portion of the audit. One contractor was terminated from the agency by the director during the audit. The decision to terminate was unrelated to any form of misconduct or Prison Rape Elimination Act related incident and revealed the seriousness of the director and agency to maintain high standards of conduct and performance. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Appropriate steps are taken in reference to remedial measures, and consideration made whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The auditor reviewed the agency policies and procedures (policy 901); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period. The auditor recommended improved tracking of contractors and volunteers who enter the facility during the on-site portion of the audit and exit interview with senior level staff.

PREA Standard 115.78: Disciplinary sanctions for inmates.

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

Auditor comments: The agency Prison Rape Elimination Act coordinator reported one Prison Rape Elimination Act related incident that was substantiated this past year and three inmates involved were disciplined commensurate with the nature and circumstances of the incident. A criminal investigator followed-up with the victim who was released from confinement at the time and the inmate declined to pursue the matter. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. The agency disciplines an inmate for sexual contact with staff only upon finding that the staff member did not consent to such contact. 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. The agency prohibits all sexual activity between inmates and may discipline inmate for such activity.

Per agency policy, substantiated, deliberately malicious or false reports by inmates will result in disciplinary action and/or criminal charges consistent with the procedures outlined in agency Policy 501.0 – Inmate Disciplinary System and agency Policy 502.0 – Disciplinary Hearings.

The auditor reviewed the agency policies and procedures (policy 501, 502, and 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed

inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.81: Medical and mental health screenings; history of sexual abuse.

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

Auditor comments: If the medical and mental health screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, agency staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that a jail inmate has previously perpetrated sexual abuse or sexual victimization, whether it occurred in an institutional setting or in the community, agency staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake process.

Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other agency staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, and program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting.

The auditor interviewed the department head of medical, physician, nursing staff, mental health counselor, and the director of the counseling service offered by Westgate during the on-site portion of the Prison Rape Elimination Act audit. The auditor recommended the National Institute of Corrections Prison Rape Elimination Act specialized online course for medical and mental health staff to augment existing Prison Rape Elimination Act training. The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.82: Access to emergency medical and mental health services.

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

Auditor comments: Inmate 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. 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 take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The auditor confirmed no-cost services with the Spartanburg Regional Hospital forensic examiner area director. The area director is also credentialed for forensic examination for victims under 18 years of age. Victim services are available via contract with Westgate counseling services. Victim services are also available by qualified victim advocates from the agency.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers.

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

Auditor comments: The agency offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in the facility. 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. The agency provides such victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The auditor interviewed the department head of medical, physician, nursing staff, mental health counselor, and the director of the counseling service offered by Westgate during the on-site portion of the Prison Rape Elimination Act audit. The auditor recommended the National Institute of Corrections Prison Rape Elimination Act specialized online course for medical and mental health staff to augment existing Prison Rape Elimination Act training. The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.86: Sexual abuse incident reviews.

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

Auditor comments: The agency conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not be substantiated, unless the allegation has been determined to be unfounded. This review ordinarily occurs within 30 days of the conclusion of the investigation. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The agency review team considers the following:

- 1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- 2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity;

lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

- 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4) Assess the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- 6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to above paragraph numbers 1 to 5, and any recommendations for improvement, and submit such report to the facility head and Prison Rape Elimination Act compliance manager.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

PREA Standard 115.87: Data collection.

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

Auditor comments: The agency Prison Rape Elimination Act coordinator collects and tracks all PREA related data. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency aggregates the incident-based sexual abuse data at least annually. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Upon request, the agency shall provide all such data from the previous calendar year to the United States Department of Justice no later than June 30.

The auditor noted that during the interview portion of the on-site audit, the agency Prison Rape

Elimination Act coordinator stated that she was hired by the agency less than one year prior to the audit and that the agency is in the first year of the audit cycle process. The auditor reviewed the most recent Survey of Sexual Violence completed by the agency to the United States Department of Justice. The auditor recommended improved data collection and tracking processes and also explained the benefits of creating what is termed a positive environment for reporting alleged incidents to senior level agency staff during the exit interview portion of the on-site audit.

The auditor reviewed the agency policies and procedures (policy 106); observed agency practices; reviewed data provided by the agency staff; interviewed outside agencies; and interviewed inmates and staff during an on-site visit and tour of each facility. The agency completed the corrective action items as jointly agreed upon by both the auditor and the agency along with the established time lines and due dates. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period. The auditor recommended improved tracking of contractors and volunteers who enter the facility during the on-site portion of the audit and exit interview with senior level staff.

PREA Standard 115.88: Data review for corrective action.

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

Auditor comments: Based on policy and procedure review (policy 106) along with agency staff interviews, the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, by:

- 1) Identifying problem areas;
- 2) Taking corrective action on an ongoing basis; and
- 3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The agency is in its first year of data review and will compare the current year's data and corrective action with those from next years and shall provide an assessment of the agency's progress in addressing sexual abuse. The agency's report is approved by the director of the agency and made readily

available to the public through its website once completed. The auditor confirmed that the most recent report is posted on the agency website. The agency redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

The auditor recommended several corrective action items during the on-site audit and exit interview with agency senior level staff.

PREA Standard 115.89: Data storage, publication, and destruction.

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

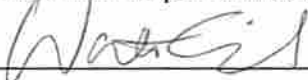
Auditor comments: The auditor confirmed that the agency Prison Rape Elimination Act coordinator secures all Prison Rape Elimination Act related data in a locked cabinet behind two locked doors at the main agency jail.

Based on a review of documents, policy, and procedure (policy 106) along with agency Prison Rape Elimination Act coordinator, the agency ensures that data is collected and securely retained. The agency makes all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website once complete. The agency website is www.spartanburgsheriff.org. Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The agency maintains sexual abuse data collected for at least 10 years after the date of the initial collection.

The auditor confirmed that the most recent annual report is posted on the agency website. The agency is in compliance with the Prison Rape Elimination Act standard.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his ability to conduct an audit of the agency under review.

Walter Sipple  November 3, 2014

Auditor Signature Date