

PREA Facility Audit Report: Final

Name of Facility: Georgetown County Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/15/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Darla P. OConnor

Date of Signature: 08/15/2025

AUDITOR INFORMATION

Auditor name: OConnor, Darla

Email: doconnor@strategicjusticesolutions.com

Start Date of On-Site Audit: 08/06/2025

End Date of On-Site Audit: 08/08/2025

FACILITY INFORMATION

Facility name: Georgetown County Detention Center

Facility physical address: 2394 Browns Ferry Road, Georgetown, South Carolina - 29440

Facility mailing address:

Primary Contact

Name:	Joshua C. Weaver
Email Address:	jcweaver2@gtcounty.org
Telephone Number:	843-855-9426

Warden/Jail Administrator/Sheriff/Director

Name:	Wayne Owens
Email Address:	wowens@gtcounty.org
Telephone Number:	843-546-5102

Facility PREA Compliance Manager

Name:	Tiffany Washington
Email Address:	twashington@gtcounty.org
Telephone Number:	(843) 545-3425

Facility Health Service Administrator On-site

Name:	Kara Balentine
Email Address:	kbalentine@mediko.com
Telephone Number:	843-545-3410

Facility Characteristics

Designed facility capacity:	212
Current population of facility:	142
Average daily population for the past 12 months:	125
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	18-71
Facility security levels/inmate custody levels:	Minimum/ Medium/ Maximum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	38
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	7
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	67

AGENCY INFORMATION	
Name of agency:	Georgetown County Sheriff's Office
Governing authority or parent agency (if applicable):	
Physical Address:	430 North Fraser Street, Georgetown, South Carolina - 29440
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:
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Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Joshua Weaver	Email Address:	jcweaver2@gtcounty.org

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
45	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-08-06
2. End date of the onsite portion of the audit:	2025-08-08

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>Just Detention International confirmed that their records reflect no contact from this facility or from any incarcerated individuals during the audit review period.</p> <p>Rape Crisis Center of Horry and Georgetown Counties , 1272 Pridgen Road, Myrtle Beach, SC 29577; 843-448-3180. 24-hour crisis hotline is 843-448-7273, was contacted and confirmed they are a resource for the facility. They provide emotional support services for sexual abuse victims regardless of when the abuse occurred. They provide a hotline, counseling services, victim advocacy, and legal and financial assistance.</p> <p>Tidelands Health Georgetown Memorial Hospital confirmed that it serves as the designated facility for conducting forensic examinations for individuals from this correctional facility. The medical center has a private, designated space for these examinations, which are conducted by certified SANE professionals specially trained in trauma-informed care.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	212
15. Average daily population for the past 12 months:	125
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	144
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0

27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	<p>As of the first day of the on-site audit, the inmate population at the facility reflected a diverse mix of individuals in terms of age, gender, and security classifications. The population included individuals with varying lengths of stay, from those recently admitted to those serving longer-term commitments. A review of the facility roster indicated that all residents were appropriately classified according to the facility's intake and risk assessment procedures, with special attention given to identifying vulnerabilities related to sexual victimization or abusiveness. At the time of the audit, there were no inmates in any targeted category assigned to the facility. Overall, the demographic composition of the population did not present any unusual risks beyond those routinely managed within the facility's classification and housing practices.</p>
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	45
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	60
38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	7

<p>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>As of the first day of the on-site audit, the facility’s personnel—including staff, volunteers, and contractors—comprised a diverse and multidisciplinary group integral to the facility’s operations and programming. The facility employed 45 staff members, engaged 60 volunteers, and utilized the services of 7 contractors. Staff roles encompassed security officers, medical and mental health professionals, administrative personnel, and program specialists. All staff were required to complete PREA training and undergo screening protocols before receiving access to the facility.</p> <p>Volunteers and contractors, who provide critical support in areas such as educational programs, religious services, and food service, were likewise vetted and trained on PREA policies, reporting requirements, and facility protocols. The facility maintains comprehensive and accurate records of all individuals authorized to enter and work within the institution, ensuring personnel are fully informed of their responsibilities in fostering a safe, secure, and PREA-compliant environment. At the time of the audit, no concerns were noted regarding the management, tracking, or compliance of this population.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>

41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)

- ☒ Age
- ☒ Race
- ☒ Ethnicity (e.g., Hispanic, Non-Hispanic)
- ☒ Length of time in the facility
- ☒ Housing assignment
- ☐ Gender
- ☐ Other
- ☐ None

42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>To ensure a geographically diverse sample of randomly selected inmates/residents/detainees for interviews, the Auditor utilized a stratified approach during the on-site audit. The facility’s housing roster and unit layout were reviewed in advance and upon arrival, enabling the Auditor to identify and randomly select individuals from multiple housing units, living areas, and custody levels throughout the facility.</p> <p>The selection process included individuals from both general population and any special housing units (if applicable), ensuring that those housed in different areas across the physical layout of the facility were represented. This method helped avoid overrepresentation from any one area or housing pod and ensured that the perspectives of individuals from various locations within the facility were captured. Where relevant, the Auditor also considered factors such as dormitory size, population density, and classification groupings to further balance the selection and maintain randomness while capturing a representative cross-section of the facility's population. This geographically distributed selection strategy helped ensure that the voices and experiences of incarcerated individuals across the entire facility were fairly represented in the audit findings.</p>
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

At the commencement of the onsite Prison Rape Elimination Act (PREA) audit, the facility reported an incarcerated population of 144 individuals. In accordance with the PREA Auditor Handbook guidelines, this population size requires a minimum of 10 random interviews as well as 10 interviews with individuals identified as members of at-risk groups for sexual abuse or sexual harassment. These targeted groups include, but are not limited to, people who are transgender or intersex, those identifying as gay or bisexual, individuals with limited English proficiency, persons with physical or cognitive disabilities, minors housed in adult facilities, those with a documented history of sexual victimization, and anyone who has reported sexual abuse or harassment while in custody.

To determine the number and eligibility of individuals in the targeted interview category, the Auditor collaborated with facility staff from the classification, intake, and mental health departments. This review identified no individuals who met the criteria for targeted interviews. As a result, the Auditor conducted no targeted interviews, and twenty random interviews to ensure robust data collection and balanced representation across the population.

The process for selecting random interviewees was intentionally structured to reflect the facility's diverse population. Using housing unit rosters organized alphabetically, the Auditor selected individuals from across multiple units and living areas. This method ensured representation from various security levels, racial and ethnic backgrounds, gender identities, age groups, and lengths of incarceration. The objective was to assemble a sample group that mirrored the facility's broader demographics and offered a comprehensive view of individual experiences under current PREA practices.

In addition to scheduled interviews, the Auditor also engaged in informal, spontaneous conversations with incarcerated

individuals during the facility tour. These impromptu interactions occurred in housing units, work areas, dining halls, recreational spaces, and program rooms. While less structured, these conversations yielded valuable qualitative data and added depth to the formal findings. Topics raised included inmates' awareness of PREA policies, their ability to access reporting channels, confidence in staff responsiveness, and the perceived culture of safety and respect within the institution. These candid exchanges reinforced and validated the themes emerging from the formal interview process. All individuals selected for formal interviews were first introduced to the Auditor's independent role and the purpose of the audit. Participants were informed that their involvement was entirely voluntary and that declining to participate would result in no negative consequences. The importance of confidentiality was clearly explained, and informed consent was obtained prior to each interview. Interviews were conducted in private, secure settings, free from visual or auditory monitoring, to ensure an atmosphere conducive to open and honest dialogue. The PREA interview protocol was used consistently, and all responses were documented by hand to ensure discretion and protect participant anonymity.

All twenty individuals randomly selected for interviews willingly participated. No allegations of sexual abuse or sexual harassment were disclosed during these interviews. Participants exhibited a strong grasp of the facility's zero-tolerance stance on sexual abuse and harassment and were generally well-informed about available reporting avenues, including anonymous options. Many expressed confidence in the facility's efforts to protect individuals from retaliation and conveyed trust in staff members to take reports seriously.

The consistency in responses, along with the high level of voluntary participation, offered clear indications of a facility culture that

	emphasizes transparency, accountability, and resident safety. These findings reflect positively on the institution's implementation of PREA standards and suggest a proactive commitment to maintaining a safe, respectful, and well-informed correctional environment for all individuals in custody.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>At the time of the on-site audit, facility leadership reported that no individuals meeting the criteria for this specific targeted category were currently housed at the institution. This assertion was corroborated through multiple verification methods. During the comprehensive facility tour, the Auditor made direct observations and did not identify any individuals who would fall within this particular classification. Additionally, interviews with staff members across various departments consistently confirmed that no individuals within this population group were present at the facility during the audit period. It is important to note that the absence of individuals within this targeted category does not indicate a failure or deficiency in the facility's screening, classification, or documentation procedures. Instead, it accurately reflects the current profile of the inmate population. Policies and processes are in place to ensure that, should an individual meeting the criteria for this category be admitted in the future, they would be promptly identified and provided with all necessary protections, services, and accommodations in accordance with PREA standards.</p>
<p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>To determine the number and eligibility of individuals in the targeted interview category, the Auditor collaborated with facility staff from the classification, intake, and mental health departments. This review identified no individuals who met the criteria for targeted interviews. As a result, the Auditor conducted no targeted interviews, and twenty random interviews to ensure robust data collection and balanced representation across the population.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>58. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>20</p>

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<div><input type="checkbox"/> Length of tenure in the facility</div> <div><input type="checkbox"/> Shift assignment</div> <div><input type="checkbox"/> Work assignment</div> <div><input type="checkbox"/> Rank (or equivalent)</div> <div><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</div> <div><input type="checkbox"/> None</div>
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<div><input checked="" type="radio"/> Yes</div> <div><input type="radio"/> No</div>

<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>When selecting and interviewing random staff during the audit, a deliberate effort was made to ensure a representative cross-section of personnel from various shifts, departments, and roles within the facility. This approach helped capture diverse perspectives on PREA-related practices and the overall safety culture. The selection process aimed to include staff members with differing lengths of service, job functions—such as custody, medical, and support staff—and varying levels of direct interaction with individuals in custody.</p> <p>Throughout the interview process, staff demonstrated a solid understanding of PREA policies, reporting procedures, and their responsibilities in preventing and responding to sexual abuse and harassment. There were no significant barriers encountered in scheduling or conducting interviews, and staff were generally cooperative and forthcoming. This openness provided valuable insights into the facility's PREA implementation and reinforced confidence in the staff's commitment to maintaining a safe and respectful environment.</p> <p>Overall, the random staff interviews contributed meaningfully to assessing compliance by offering a broad and authentic view of day-to-day operations and adherence to PREA standards across the facility's workforce.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>18</p>
<p>63. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Classification Staff
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.

During the audit, particular emphasis was placed on selecting and interviewing specialized staff whose roles are directly linked to PREA compliance and the prevention, detection, and response to sexual abuse. This group typically included the PREA Coordinator, investigative personnel, medical and mental health professionals, case managers, and staff responsible for training or supervision related to PREA standards. Given the relatively small size of the staff, many individuals fulfill multiple roles, which meant that a single staff member could be interviewed under multiple protocols to capture the full scope of their responsibilities. The selection process for interviews was deliberate and focused on obtaining detailed information about specialized procedures, data management, and interdisciplinary coordination efforts. These discussions provided critical insight into how the facility operationalizes PREA policies in daily practice, conducts thorough investigations, addresses the needs of victims, and sustains ongoing staff education.

Interviews with specialized staff revealed a high level of expertise, professionalism, and commitment. Staff were able to clearly articulate their responsibilities, the procedures they follow, and the resources available to support individuals in custody. No significant challenges were encountered during the interviews. The transparency and professionalism demonstrated by the specialized personnel reinforced confidence in the facility's ability to effectively manage PREA-related issues.

In summary, the interviews with specialized staff were essential in verifying the facility's comprehensive approach to PREA compliance. They highlighted the agency's dedication to maintaining a safe, accountable environment and ensuring that policies are effectively implemented across all levels of facility operations

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

During the on-site portion of the PREA audit, the Auditor was provided unrestricted access to the entire facility, allowing for a comprehensive evaluation of the physical environment, operational procedures, and institutional culture. From arrival to the conclusion of the audit, facility staff demonstrated professionalism, transparency, and full cooperation, ensuring a seamless and informative walkthrough. Their responsiveness and willingness to provide detailed explanations significantly contributed to the overall assessment.

The facility tour encompassed all areas, including general population housing units as well as specialized housing such as segregation, medical observation, and protective custody. Intake and classification areas, medical and mental health care units, educational and vocational classrooms, dining and food service spaces, visitation rooms, laundry facilities, indoor and outdoor recreation yards, control centers, and administrative offices were also included. Staff escorts provided thorough explanations of the purpose, population, staffing patterns, and supervision strategies for each area. At no point were there any restrictions on movement, enabling the Auditor to freely observe operations and institutional practices. Special attention was given to the facility's compliance with PREA-related environmental standards. Informational materials outlining the facility's zero-tolerance policy for sexual abuse and harassment were prominently displayed throughout housing units and common areas. These materials included instructions for reporting incidents, details on internal and external support services, and clear explanations of the rights of individuals in custody under PREA. Posters, brochures, and signage were available in English and other languages spoken by the population, ensuring equitable access to information. Reporting mechanisms were carefully examined. Designated telephones for reporting sexual abuse were operational,

clearly labeled, and strategically located for accessibility. Instructions for third-party and anonymous reporting were clearly posted near phones and grievance drop boxes. Grievance forms were readily available, and secure drop boxes were positioned throughout the facility. The functionality and visibility of these tools confirmed that reporting pathways were accessible and user-friendly for all individuals in custody.

Hotline information for reporting sexual abuse was also prominently displayed near telephones, restrooms, housing units, and recreational areas, ensuring that multiple points of access were available regardless of housing assignment or daily movement.

The Auditor evaluated the facility's general cleanliness, lighting, and privacy accommodations. Living areas were orderly and well-maintained, with adequate lighting in both communal and private spaces.

Restrooms and showers included appropriate visual barriers to protect privacy, particularly from cross-gender viewing. The strategic placement of mirrors, cameras, and observation posts facilitated effective supervision while maintaining the dignity and privacy of individuals in custody. Supervision practices in shower and toilet areas met the requirements of PREA Standard §115.15, reflecting the institution's commitment to respectful and compliant monitoring.

Informal conversations with staff and individuals in custody provided additional insight into the facility's culture and daily operations. Staff consistently demonstrated knowledge of their roles in preventing, detecting, and responding to sexual abuse and harassment. They described clear procedures for handling allegations and expressed confidence in the facility's internal protocols. Individuals in custody were aware of their rights to report incidents, could identify multiple reporting avenues, and indicated that they could report without fear of retaliation.

The overall physical condition of the facility

was found to be safe, clean, and well-maintained. Attention to detail—ranging from lighting and sanitation to privacy accommodations—reflected a broader organizational commitment to safety and dignity. The facility tour revealed an institution where PREA standards are actively integrated into daily operations. The Auditor’s unrestricted access, staff transparency, and engagement of individuals in custody collectively highlighted the facility’s ongoing efforts to maintain a secure, respectful, and PREA-compliant environment

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

☒ Yes

☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Personnel and Training Records

During the on-site portion of the audit, the Auditor conducted a thorough and detailed review of 44 randomly selected personnel files to determine the facility’s compliance with Prison Rape Elimination Act (PREA) hiring, training, and background investigation requirements. Each file demonstrated a well-documented process that included pre-employment criminal history checks, verification of the applicant’s eligibility to work in a correctional setting, and, where appropriate, completed administrative adjudication forms. The documentation confirmed that the facility conducts annual background checks on all employees—a practice often coordinated with the yearly firearms qualification process for security personnel. This integrated approach underscores the agency’s strong commitment to ensuring that only individuals who meet high ethical and professional standards are employed, thereby reducing risk to those in custody.

The Auditor also conducted a comprehensive review of training records for the same 44 employees to verify compliance with PREA education standards. Every record contained signed acknowledgments confirming completion of annual PREA training. The training curriculum addressed a wide spectrum of critical topics, including the facility’s zero-tolerance policy toward sexual abuse and sexual harassment, the appropriate channels for reporting allegations, professional conduct expectations, and correct procedures for conducting cross-gender searches while preserving dignity and privacy. Documentation confirmed that all employees received current, relevant, and policy-compliant instruction designed to equip them with the knowledge and skills needed to maintain a safe, respectful, and compliant correctional environment.

Inmate Records

To assess compliance with PREA education

requirements for incarcerated individuals, the Auditor reviewed 50 randomly selected inmate files representing admissions from the past 12 months. Each file contained signed verification that the individual had, during the intake process, received the PREA orientation video, the inmate handbook, and a PREA informational brochure. Together, these resources inform individuals of their rights under PREA, detail how to report incidents of sexual abuse or harassment, and clearly communicate the facility's commitment to a safe environment free from sexual misconduct.

Interviews conducted with sampled individuals confirmed the accuracy of the records. All reported receiving PREA education promptly during intake, and their descriptions of the process aligned with agency policy and documented procedures.

Risk Assessments and Reassessments

The Auditor reviewed the risk screening and reassessment documentation for the same 50 individuals. Every file reflected completion of an initial risk assessment within 72 hours of admission, in compliance with PREA Standard §115.41. In addition, each record included a documented reassessment conducted within 30 days of the initial screening, as required by the standard. This consistent practice illustrates the facility's commitment to identifying individuals who may be at increased risk of sexual victimization or who may present a risk to others. The results of these screenings are actively used to inform housing assignments, program participation, and supervision strategies.

Grievances

According to the Pre-Audit Questionnaire and verified in interviews with the PREA Compliance Manager (PCM), only one grievance related to sexual abuse or harassment was filed during the 12-month review period. While the facility does not maintain a grievance channel exclusively for

PREA-related concerns, individuals have access to multiple confidential reporting options, including verbal reports to staff, written communication, and calls to the facility's designated PREA Hotline. The limited number of PREA-related grievances is consistent with other audit findings regarding incident reporting trends and institutional responsiveness.

Incident Reports

The facility documented one PREA-related allegation in the past year—a staff-on-inmate sexual abuse case. The allegation was substantiated and referred for criminal investigation. The staff member resigned before termination proceedings could be completed and was later arrested. At the time of the audit, the criminal case remained open and active.

The Auditor reviewed the complete investigative file, examining factors such as the timeliness of reporting, the thoroughness and accuracy of investigative documentation, and the appropriateness of the facility's response. The facility provided all records promptly and addressed all Auditor inquiries with full transparency, allowing for a clear understanding of the investigative process from initial report to resolution.

Investigation Records

The substantiated staff-on-inmate sexual abuse case was formally referred to the appropriate law enforcement agency for criminal investigation and possible prosecution. Arrests were made, and the matter was still pending adjudication during the audit period.

In accordance with PREA requirements, the facility conducted a Sexual Abuse Incident Review following the investigation and implemented retaliation monitoring for a minimum of 90 days or until the affected individual was released. There were no Sexual Assault Nurse Examiner (SANE) examinations conducted during the review period; however,

the facility maintains an agreement with Tidelands Health Georgetown Memorial Hospital, ensuring access to qualified SANE personnel should such services be required. No allegations of sexual harassment were reported during the past 12 months.

PREA Hotline Records

The PREA Compliance Manager confirmed that no calls to the designated PREA Hotline during the review period involved allegations of sexual abuse or sexual harassment. As a result, there were no hotline records to review. This finding was consistent with other audit data and indicated that alternative reporting methods—such as verbal and written reports—were being utilized and effectively tracked by the facility.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

1

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	No allegations of sexual harassment were reported during the past 12 months.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	During the previous twelve-month reporting period, the facility recorded one allegation of sexual abuse involving staff-on-inmate contact. Following a thorough investigation, the allegation was substantiated. The staff member implicated in the incident was arrested, and criminal charges were initiated. At the time of the on-site audit, the criminal case remained active and was still progressing through the judicial process.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

Non-certified Support Staff

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

☒ Yes

☐ No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

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

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

☐ Other

Identify the name of the third-party auditing entity

Correctional Management and Communications Group, LLC

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with the PREA standard addressing zero tolerance and agency-level coordination, the Auditor conducted an in-depth review of documentation provided by the Georgetown County Detention Center (GCDC). The materials were comprehensive and included the facility's completed Pre-Audit Questionnaire (PAQ) as well as relevant policy documents and operational protocols that detail GCDC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>The following key documents were reviewed:</p> <ol style="list-style-type: none"> 1. Policy 108.0 – Prison Rape Elimination Act (Chapter 100: Agency Administration, Management and Training), effective January 1, 2018, which serves as the foundation for the facility's zero-tolerance commitment. 2. Policy 105.0 – Employee Training Requirements/Training Records, also within Chapter 100, outlines staff training protocols related to PREA standards and

expectations.

3. Policy 102.0 – Organizational Chart/Chain of Command, dated January 1, 2018, provides a visual and procedural understanding of the facility’s leadership structure and reporting hierarchy.
4. Standard Operating Procedure – PREA, which operationalizes the policy by detailing procedures for implementation, compliance monitoring, and incident response.
5. GCDC Organizational Chart, which delineates the facility’s PREA-specific leadership and clarifies the roles of the PREA Coordinator and PREA Compliance Manager within the institutional framework.

INTERVIEWS

To supplement the document review, the Auditor conducted interviews with two key staff members directly responsible for overseeing PREA implementation:

PREA Coordinator (PC):

The agency’s designated PREA Coordinator confirmed during the interview that their role is solely dedicated to ensuring compliance with PREA standards across the agency. The coordinator holds sufficient authority to initiate changes, address concerns, and lead compliance efforts effectively. The PC described their role as proactive, with a focus on systemic prevention, training oversight, data analysis, and support to facility-level PREA staff.

PREA Compliance Manager (PCM):

The PREA Compliance Manager, who oversees facility-level implementation, affirmed that they are provided ample time and institutional support to fulfill their responsibilities. The PCM demonstrated a strong understanding of the role’s responsibilities and expectations, and conveyed a commitment to ensuring ongoing compliance in daily operations and staff practices.

PROVISIONS

Provision (a): Zero Tolerance Toward Sexual Abuse and Sexual Harassment

GCDC has clearly articulated its commitment to a zero-tolerance policy toward all forms of sexual abuse and sexual harassment, a principle that extends to all individuals in its custody and includes contracted service providers and other third parties. This commitment is embedded in Policy 108.0, which outlines a facility-wide approach to preventing, detecting, and responding to sexual misconduct.

The policy includes definitions of prohibited behaviors, applicable to both staff and incarcerated individuals, and specifies disciplinary sanctions for violations. The facility’s Standard Operating Procedure – PREA provides additional operational guidance, translating the zero-tolerance policy into actionable procedures. These include risk screening at intake, educational programming for individuals in custody, comprehensive training for staff, incident response protocols, and avenues for confidential reporting.

The SOP also describes the multi-tiered approach to prevention and accountability. This includes internal monitoring, trauma-informed interventions, and clearly defined investigative protocols, all of which reinforce a culture of zero tolerance within the facility.

Provision (b): Designation of an Agency-Wide PREA Coordinator

The facility's policy structure supports strong administrative oversight of PREA compliance through the appointment of an agency-wide PREA Coordinator. This individual, an upper-level staff member, is responsible for overseeing PREA initiatives across the agency and holds sufficient authority and access to leadership to carry out their duties effectively.

According to Policy 108.0, the PREA Coordinator's role is to implement, supervise, and evaluate the agency's sexual safety practices, including policy development, training oversight, and incident monitoring. The agency's organizational chart reflects this role, showing direct accountability to the Facility Head and reinforcing the importance of high-level leadership in achieving compliance.

The coordinator's position at the top of the chain of command for PREA-related matters ensures consistent communication between executive leadership and facility-level operations. This structure fosters institutional commitment and promotes a system of continuous improvement in sexual safety practices.

Provision (c): Designation and Role of the PREA Compliance Manager

At the facility level, GCDC has designated a PREA Compliance Manager (PCM) responsible for the local implementation of PREA requirements. Policy 108.0 outlines the scope of the PCM's duties, which include coordinating PREA-related activities, assisting in policy enforcement, training staff, monitoring compliance, and acting as the primary liaison to the agency-level PREA Coordinator.

Policy 102.0 further supports this by confirming the Facility Head's authority to assign an individual with the capability to fulfill this critical role. The PCM operates as an essential connection between frontline staff and executive leadership, ensuring that the zero-tolerance policy is integrated into daily practice and that any potential barriers to compliance are identified and addressed promptly.

Through interviews and document review, the Auditor found that the PCM is knowledgeable, actively engaged in compliance monitoring, and supported by the facility's leadership in fulfilling their responsibilities.

CONCLUSION

Based on an extensive review of GCDC's policies, operating procedures, organizational framework, and through interviews with the PREA Coordinator and Compliance Manager, the Auditor concludes that the Georgetown County Detention Center fully meets the requirements of PREA Standard §115.11. The facility has demonstrated a clear commitment to zero tolerance for sexual abuse and harassment, supported by strong leadership, well-defined roles, and institutional

	support. Both the PREA Coordinator and PREA Compliance Manager are effectively positioned and empowered to fulfill their responsibilities. As such, GCDC is found to be in full compliance with this standard.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>In preparation for assessing compliance with PREA Standard §115.12, the Auditor conducted a detailed review of documentation submitted by the Georgetown County Detention Center (GCDC). This review was aimed at verifying the facility's practices and policies concerning contractual arrangements for the confinement of individuals in custody. The facility's completed Pre-Audit Questionnaire (PAQ) served as the foundational document for this review, supplemented by several key internal policies that outline administrative procedures and PREA-related responsibilities.</p> <p>Key documents examined included:</p> <ol style="list-style-type: none"> 1. Policy 108.0 – Prison Rape Elimination Act, located within Chapter 100: Agency Administration, Management and Training, and effective as of January 1, 2018. This policy defines GCDC's overarching approach to PREA compliance and institutional accountability. 2. Policy 105.0 – Employee Training Requirements/Training Records, also effective January 1, 2018, which details the requirements for staff training on PREA standards and responsibilities. 3. Policy 102.0 – Organizational Chart/Chain of Command, which delineates the facility's leadership hierarchy and confirms the reporting lines for PREA oversight. 4. Standard Operating Procedure – PREA, which operationalizes the agency's zero-tolerance policy by providing guidance for prevention, detection, reporting, and response mechanisms within the detention center. <p>These documents collectively reflect GCDC's internal framework and clarify the facility's operational independence regarding the custody and housing of individuals.</p> <p>INTERVIEW</p> <p>Facility Head</p> <p>To supplement the document review, the Auditor conducted an interview with the Facility Head, the Facility Head, to confirm and contextualize the facility's practices regarding contracted confinement. During the interview, the Director clearly and unequivocally stated that GCDC does not engage in any individual or institutional</p>

	<p>contracts—whether with private organizations, local jurisdictions, or other external agencies—for the purpose of housing incarcerated individuals. All individuals in custody at the facility are detained solely under the authority of GCDC, without involvement from third-party contractual arrangements.</p> <p>PROVISIONS</p> <p>Provision (a): Contracts for the Confinement of Inmates</p> <p>Based on the Pre-Audit Questionnaire and interview findings, GCDC has not entered into, renewed, or maintained any contracts with outside entities for the purpose of inmate confinement. The facility operates solely under the jurisdiction of Georgetown County and retains complete custody authority over all individuals housed within its facility. The Director’s confirmation further supports the assertion that no such contracts currently exist or have existed during the audit review period. As a result, GCDC is not involved in any form of contractual confinement, rendering this provision satisfied by default.</p> <p>Provision (b): Compliance for Contractual Confinement</p> <p>Because GCDC does not engage in contracts for the confinement of individuals, the provision requiring facilities to include PREA compliance terms in such contracts is not applicable. There are no external agencies or private providers housing individuals on behalf of GCDC, and therefore, there are no PREA obligations to extend or monitor beyond the facility’s own operations. The Auditor verified this status through both documentation and leadership interviews.</p> <p>CONCLUSION</p> <p>Following a comprehensive review of GCDC’s PREA-related documentation and a clear confirmation from the Facility Head, the Auditor finds the facility to be in full compliance with Standard §115.12. GCDC does not utilize third-party entities for the housing of individuals in custody and therefore has no obligation to include or enforce PREA provisions in contractual agreements. The facility’s operational model ensures that all persons in custody are housed directly under its authority, with all PREA compliance activities managed internally. As such, this standard is met in its entirety, and no corrective actions or recommendations are warranted.</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>As part of the PREA compliance review, the Auditor examined an extensive collection of materials provided by the Georgetown County Detention Center (GCDC). These</p>

included the facility's Pre-Audit Questionnaire (PAQ) and all supporting documentation, which offered a detailed overview of operational procedures and compliance measures. The Auditor also reviewed GCDC Policies and Procedures, specifically:

1. Chapter 100: Agency Administration, Management, and Training Policy 108.0 – Prison Rape Elimination Act, effective January 1, 2018;
2. Chapter 100: Agency Administration, Management, and Training Policy 103.0 – Staffing Plans and Requirements, dated January 1, 2018;
3. The facility's Standard Operating Procedure (SOP) for PREA;
4. The official GCDC Staffing Plan.

INTERVIEW

Facility Head

To supplement the document review, the Auditor conducted interviews with key personnel, including the Facility Head, the PREA Compliance Manager (PCM), and other intermediate- or higher-level supervisory staff. These conversations provided context for the policies reviewed and insight into how they are implemented in daily operations.

PROVISIONS

Provision (a)

The PAQ confirmed that GCDC maintains a comprehensive staffing plan addressing all thirteen elements required under Provision (a) of the standard. This plan makes clear the facility's commitment to ensuring that all security posts are staffed during the designated shifts without interruption.

Policy 103.0 directs the Detention Center Director to maintain an up-to-date staffing analysis for the facility. This analysis is designed to ensure adequate staffing levels and, where applicable, sufficient video monitoring to support safe staff-to-inmate ratios and effective supervision. The policy requires the Director to consider:

- Generally accepted detention and correctional practices;
- Judicial findings of inadequacy;
- Findings from federal investigative agencies;
- Feedback from internal or external oversight bodies;
- The composition and needs of the inmate population;
- Physical plant layout, including blind spots or isolated areas;
- The number and placement of supervisory staff;
- Institutional programming by shift;
- Applicable state or local laws, regulations, or standards;
- The prevalence of substantiated and unsubstantiated incidents of sexual abuse.

The Auditor reviewed GCDC's PREA staffing plans for 2020, 2021, and 2022. Each plan was thorough, incorporating all required considerations, and demonstrated a clear commitment to meeting PREA's supervision and monitoring requirements. In addition, the facility conducts annual quality assurance audits to ensure compliance with the staffing model, which is based on a projected daily inmate population of 550. The PAQ indicated, however, that the actual average daily population for the past 12 months was 131.

Interviews with the PCM and executive staff confirmed that staffing levels are reviewed regularly to assess their impact on inmate programming, classification counts, and the effectiveness of the video monitoring system. These reviews also evaluate the facility's physical layout, oversight findings, inmate demographics, supervisory staffing assignments, and any history of sexual abuse allegations, whether substantiated or unsubstantiated.

Provision (b)

Policy 103.0 also establishes a process for situations when the staffing plan cannot be followed as written. In such cases, the Detention Center Director consults with the Sheriff to develop corrective action plans. All actions taken—such as addressing staffing shortages, vacancies, recruiting and retention challenges, or funding limitations—are documented, along with any ongoing deviations from the plan.

Provision (c)

At a minimum, the Facility Head is required to review the staffing analysis annually to determine whether adjustments to staffing levels, video monitoring systems, or available resources are necessary to maintain compliance with the staffing plan. All such reviews and any resulting changes are documented to ensure transparency and accountability.

Provision (d)

During the onsite audit, the Auditor personally observed supervisors performing rounds and interacting with inmates in various parts of the facility. Inmates interviewed during the audit confirmed that supervisory staff are regularly present, approachable, and visible throughout the institution. Interviews with intermediate- and higher-level staff further affirmed that unannounced rounds are conducted facility-wide without prior notice to line staff.

Under Policy 108.0, and in alignment with PREA standards, intermediate- and upper-level supervisory staff are required to conduct and document daily unannounced rounds during both day and evening shifts. These rounds are intended to detect and deter sexual abuse and sexual harassment. Records of these rounds are maintained in the Tower and Sergeant logbooks and are accessible to the PREA Coordinator for review.

CONCLUSION

After reviewing documentation, conducting interviews, and observing facility

	operations, the Auditor concluded that GCDC fully complies with all requirements of the standard related to supervision and monitoring. The facility demonstrates not only adherence to the written policy but also an active, consistent application of those practices in daily operations.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW:</p> <p>To evaluate the Georgetown County Detention Center’s (GCDC) compliance with the PREA standard concerning youthful inmates, the Auditor conducted a thorough review of several key documents. These included the facility’s completed Pre-Audit Questionnaire (PAQ) and the corresponding supporting documentation submitted in preparation for the audit. Central to the review was GCDC’s Policies and Procedures Manual, specifically Chapter 100, titled “Agency Administration, Management and Training.” Within this chapter, Policy 108.0, titled “Prison Rape Elimination Act,” effective January 1, 2018, outlines the agency’s commitment to protecting all individuals in its custody, including provisions that address the housing and supervision of youthful inmates.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>During both the formal interview and subsequent informal discussions, the Facility Head confirmed unequivocally that the facility does not receive or detain youthful inmates. This practice is consistent with the agency’s classification and placement protocols.</p> <p>PREA Compliance Manager (PCM)</p> <p>The PREA Compliance Manager echoed the Facility Head’s statements, verifying that the institution does not accept youthful inmates into its custody. The PCM further confirmed that current screening and classification procedures would prevent the assignment of youthful inmates to this facility.</p> <p>Youthful Inmates</p> <p>As the facility does not house any youthful inmates, there were no individuals in this category available for interview under this standard.</p> <p>PROVISIONS</p> <p>Provision (a):</p> <p>According to the PAQ submitted by GCDC, the facility does not house any individuals who would be classified as youthful inmates under the PREA standards. This was</p>

	<p>reaffirmed during the Auditor’s on-site interviews with facility leadership. The Facility Head specifically stated that GCDC’s inmate population is restricted to individuals who are legally classified as adults, and the facility is not authorized, equipped, or intended to detain youthful individuals.</p> <p>During the facility tour, the Auditor personally observed the general population housing units and verified that there were no youthful inmates present. In addition, a comprehensive review of the inmate roster confirmed that no individuals born after the year 2004 were in custody at the time of the on-site assessment. The absence of youthful inmates was consistent across documentation, interviews, and direct observation.</p> <p>Provisions (b) and (c): These provisions were determined to be not applicable to the Georgetown County Detention Center, as the facility does not detain youthful inmates under any circumstances.</p> <p>CONCLUSION: After a complete review of GCDC’s policies, documentation, on-site observations, and staff interviews, the Auditor finds that the facility is in full compliance with the requirements of Standard §115.14 related to youthful inmates. GCDC has clearly established and implemented a practice of not housing youthful inmates, and there is no indication of deviation from this policy. Accordingly, no corrective action or recommendations are necessary at this time.</p>
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115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the comprehensive Prison Rape Elimination Act (PREA) compliance audit at the Georgetown County Detention Center (GCDC), the Auditor conducted an extensive evaluation of all materials related to limitations on cross-gender viewing and searches. The review encompassed the facility’s completed Pre-Audit Questionnaire (PAQ), supporting documentation, and a range of internal policies and procedures. These documents collectively reflect the facility’s commitment to maintaining the dignity, privacy, and safety of individuals in custody, in alignment with PREA Standard §115.15.</p> <p>Key documents reviewed included:</p> <ol style="list-style-type: none"> 1. Policy 108.0 – Prison Rape Elimination Act: Establishes GCDC’s overarching commitment to PREA compliance (effective January 1, 2018);

2. Policy 105.0 – Employee Training Requirements/Training Records: Details PREA-specific training protocols for staff (effective January 1, 2018);
3. Policy 102.0 – Organizational Chart/Chain of Command: Outlines facility leadership structure and PREA oversight responsibilities (effective January 1, 2018);
4. Policy 103.0 – Staffing Plans and Requirements: Describes staffing strategies supporting PREA objectives (effective January 1, 2018);
5. Policy 205.0 – Searches: Defines authorized search practices and restrictions, including cross-gender search prohibitions (effective January 1, 2018);
6. Policy 910.0 – Supervision Rounds and Counts: Establishes expectations for staff movement, supervision, and visibility within inmate living units (effective January 1, 2018);
7. Standard Operating Procedure – PREA: Details the operational implementation of PREA policies;

INTERVIEWS

Non-Medical Staff Involved in Searches

Staff interviewed confirmed that cross-gender strip or visual body cavity searches are strictly prohibited at GCDC, with one exception: in the rare case of an exigent circumstance, such searches may occur only with express authorization from the Facility Head and must be conducted by qualified medical staff with full documentation of the event.

Random Staff

Seventeen randomly selected staff members participated in interviews. Their responses revealed the following consistent findings:

- All staff had received PREA-specific in-service training related to cross-gender and transgender/intersex search procedures.
- No staff member reported ever conducting or witnessing a cross-gender strip or visual body cavity search.
- Male staff are consistently available to perform required searches when necessary.
- Searches of transgender or intersex individuals are not conducted for the purpose of determining genital status.
- Transgender and intersex individuals are afforded privacy accommodations such as access to private showers or alternate shower times.

These individuals are also provided with the opportunity to express preferences regarding the gender of the staff performing any necessary searches, and such preferences are taken into account.

Random Inmates

Incarcerated individuals interviewed unanimously reported that:

- They had not been subjected to cross-gender strip or body cavity searches.
- They are able to shower and change clothing without being observed by staff of a different gender.
- Opposite-gender staff consistently announce their presence prior to entering housing or bathroom areas, which helps protect individual privacy.
- Transgender or Intersex Individuals

At the time of the on-site audit, there were no individuals in custody who identified as transgender or intersex. Consequently, no interviews were conducted with individuals in this category for this standard.

PROVISIONS

Provision (a): Prohibition of Cross-Gender Strip and Body Cavity Searches

The PAQ and interviews with facility leadership confirmed that GCDC strictly prohibits all cross-gender strip and body cavity searches. This prohibition is clearly established in Policy 205.0 – Searches, which also outlines staff responsibilities related to the respectful treatment of transgender and intersex individuals. The policy explicitly forbids any search performed solely for the purpose of determining a person’s genital status.

All staff interviewed recalled receiving training on these provisions and demonstrated clear understanding of the limitations placed on cross-gender search practices. Staff at all levels affirmed that these types of searches are not conducted at GCDC.

Provision (b): Documentation of Cross-Gender Searches of Female Inmates

An undated memorandum from the Sheriff referencing PREA Standard 115.15(b) reaffirms the facility’s policy prohibiting cross-gender strip, visual body cavity, and pat-down searches of female inmates. Because such searches are not permitted under any circumstances, GCDC does not maintain documentation protocols for them.

Both staff and incarcerated individuals verified that these searches have not occurred. Staff explained that, in any instance where a male officer would be required, one is always on duty and available. As a result, female staff are not placed in situations requiring cross-gender search duties.

Provision (c): Searches Conducted in the Last 12 Months

The PAQ confirmed that no cross-gender pat-down searches were conducted in the 12 months prior to the audit. This finding aligns with GCDC policy, which continues to prohibit all forms of cross-gender strip or visual body cavity searches. Staff interviews reinforced this policy, with several staff explaining that male officers are strategically scheduled to ensure that such searches, when necessary, are conducted appropriately.

Provision (d): Cross-Gender Viewing of Inmates

Another memorandum from the Sheriff, referencing PREA Standard 115.15(d), affirms that there have been no recorded exigent circumstances requiring staff of one gender to view inmates of another gender during showering, changing, or toileting.

Policy 910.0 – Supervision Rounds and Counts mandates privacy for individuals during personal hygiene and bodily functions, except in emergency situations or when viewing is incidental to routine rounds. Opposite-gender staff are required to announce their presence before entering a housing or restroom area. Failure to make such announcements is subject to disciplinary action.

This policy was clearly evident in practice. During the on-site audit, the Auditor observed staff consistently announcing their presence before entering living areas, including staff of a different gender from the Auditor announcing the Auditor's presence as required. Incarcerated individuals also confirmed this as a consistent and routine practice.

Provision (e): Prohibition on Genital Status Determination by Search

Policy 205.0 unambiguously prohibits searches conducted for the purpose of identifying a person's genital status. All interviewed staff confirmed that such searches are not permitted and are never conducted at GCDC.

Incarcerated individuals echoed these reports, stating they had never been subject to a search of this nature. Documentation and interview responses aligned fully with this policy directive.

Provision (f): Training on Cross-Gender and Transgender/Intersex Searches

The Auditor reviewed PREA training materials and confirmed that 2021 in-service sessions included training specific to cross-gender, transgender, and intersex search procedures. Sign-in sheets matched the current staff roster, confirming that all active employees had received this training. Acknowledgment forms signed by each staff member confirmed receipt and understanding of the training content.

During interviews, staff demonstrated strong recall of training content, particularly related to respectful and appropriate procedures for searches involving transgender or intersex individuals. Female staff confirmed that under no circumstances would they be asked—or permitted—to conduct cross-gender searches. These protocols were observed in practice throughout the on-site audit.

CONCLUSION

Based on a thorough evaluation of facility policies, operational practices, staff training, and interviews with both staff and incarcerated individuals, the Auditor finds that the Georgetown County Detention Center is in full compliance with PREA Standard §115.15 – Limits to Cross-Gender Viewing and Searches. The facility has implemented clear policies, conducted effective staff training, and has institutionalized practices that prioritize the privacy and dignity of individuals in custody.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>As part of the on-site PREA compliance audit, the Auditor conducted a comprehensive review of documentation provided by the Georgetown County Detention Center (GCDC). This process included a detailed examination of the facility's Pre-Audit Questionnaire (PAQ) and all supporting materials submitted for verification purposes. Key policy documents were carefully analyzed, including GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training Policy 108.0 – Prison Rape Elimination Act (effective January 1, 2018), and Chapter 100: Agency Administration, Management and Training Policy 105.0 – Employee Training Requirements/Training Records (effective January 1, 2018). Additionally, the Auditor reviewed an undated GCDC Sheriff's Memorandum, referenced as 115.16, which offered further operational direction relevant to the standard.</p> <p>OBSERVATIONS</p> <p>During the facility tour, the Auditor observed that PREA informational posters were prominently displayed in multiple, high-visibility locations. These included housing units, work areas, hallways, and other common-use spaces. Materials were available in both English and Spanish, ensuring that essential information on sexual safety, reporting processes, and support resources was accessible to all individuals in custody, regardless of language preference.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>The Facility Head confirmed that GCDC has established clear, consistent procedures to ensure individuals with disabilities and those who are Limited English Proficient (LEP) have full and equal access to the PREA reporting process. Accommodations include the use of trained staff interpreters, provision of written materials in the appropriate language, and other adaptive communication strategies designed to eliminate barriers to reporting sexual abuse or sexual harassment.</p> <p>Random Staff</p> <p>Randomly selected staff members unanimously affirmed that the facility strictly prohibits the use of inmate interpreters, inmate readers, or any form of inmate-provided assistance when a person with a disability or LEP status seeks to make a report of sexual abuse or sexual harassment. All staff interviewed stated that they had never observed or participated in a situation where these prohibited practices were used.</p>

Inmates with Disabilities

At the time of the audit, there were no individuals in custody identified as having disabilities; therefore, interviews specific to this group were not conducted for this standard.

PROVISIONS

Provision (a)

According to the PAQ, GCDC has implemented formal protocols to ensure individuals with disabilities and LEP individuals have equitable access to all aspects of the facility’s prevention, detection, and response efforts related to sexual abuse and sexual harassment.

The Auditor’s review of facility policies, staff training curricula, and PREA educational materials confirmed that all relevant information is available in both English and Spanish. Interviews with three LEP individuals in custody verified that written materials were provided in their primary language and that staff interpreters were made available promptly when assistance was required.

The Facility Head described a multi-layered approach to accommodations: staff interpreters serve as the first line of communication; when necessary, outside professional language services are engaged. If neither option is available, authorized staff may use Google Translate on facility computers equipped with microphones. This tool provides immediate, around-the-clock translation in over 100 languages, enabling real-time communication.

GCDC’s PREA policy explicitly reinforces this commitment, stating that PREA education for individuals in custody must be provided in formats accessible to all, including those who are LEP, deaf, visually impaired, disabled, illiterate, or have learning disabilities.

Provision (b)

Training records reviewed by the Auditor confirmed that all GCDC staff successfully completed PREA training during the 2024 calendar year. The curriculum included detailed coverage of the Americans with Disabilities Act (ADA), emphasizing the rights and needs of individuals protected under the Act.

The Auditor also examined the PREA Inmate Handout, available in both English and Spanish, along with facility rules and posted informational materials. All were accessible in both languages and strategically placed to ensure visibility and availability throughout the facility.

Provision (c)

The PAQ clearly states that GCDC prohibits the use of inmate interpreters in any circumstance when addressing PREA-related matters. Interviews with randomly

	<p>selected staff confirmed that this policy is consistently followed, with no reported exceptions.</p> <p>CONCLUSION</p> <p>Based on the review of policies, training records, educational materials, and interview data, as well as observations made during the facility tour, the Auditor concludes that GCDC fully meets the PREA standard requirements related to providing accommodations for individuals with disabilities and those who are Limited English Proficient. The facility has established strong, consistent practices that ensure equal access to reporting mechanisms, education, and support services, thereby supporting a safe and responsive environment for all individuals in custody.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>As part of the Prison Rape Elimination Act (PREA) audit process, the Auditor conducted a detailed review of the Georgetown County Detention Center's (GCDC) hiring and promotion practices to determine compliance with the PREA standard designed to prevent sexual abuse through informed and responsible staffing decisions. This assessment involved an in-depth examination of agency policy documents, personnel files, and interviews with key Human Resources (HR) personnel. The evidence presented reflects a facility-wide culture of vigilance and accountability when it comes to screening, hiring, promoting, and retaining individuals who may have contact with incarcerated persons.</p> <p>DOCUMENT REVIEW</p> <p>The Auditor reviewed a comprehensive collection of documents that serve as the foundation for GCDC's administrative and operational practices. These included the Pre-Audit Questionnaire (PAQ), supporting documentation, and several policies housed within Chapter 100 of the GCDC Policies and Procedures manual. Specifically, the Auditor examined:</p> <ol style="list-style-type: none"> 1. Policy 108.0: Prison Rape Elimination Act (effective January 1, 2018) 2. Policy 105.0: Employee Training Requirements/Training Records (effective January 1, 2018) 3. Policy 102.0: Organizational Chart/Chain of Command (effective January 1, 2018) 4. Policy 103.0: Staffing Plans and Requirements (effective January 1, 2018) 5. Policy 205.0: Searches (effective January 1, 2018) 6. Policy 910.0: Supervision Rounds and Counts (effective January 1, 2018)

7. Chapter 700, Policy 707.0: Educational Programs (effective January 1, 2018)
8. Standard Operating Procedure (SOP) related to PREA
9. Fiscal Year 2024 PREA Annual Training Records

These documents collectively reflect a well-structured approach to preventing sexual abuse by emphasizing rigorous hiring procedures, routine background checks, and mandatory staff training.

INTERVIEW

Interviews with HR staff offered strong support for the policies reviewed. HR personnel described a robust and systematic approach to employment screening. PREA-specific disclosure questions are integrated into the hiring, promotion, and annual review processes. Criminal background checks are conducted for every new hire and contractor and are repeated at regular five-year intervals. HR staff also explained the facility's requirement that employees report any arrest activity, and they confirmed the agency's practice of sharing information about substantiated allegations of sexual abuse or harassment with requesting institutional employers.

PROVISIONS

Provision (a): Hiring and Promotion Safeguards

GCDC reported a total of 45 staff during the audit period, including zero new hires, seven contractors and sixty volunteers were reported. Chapter 700, Policy 707.0 ensures that any educator—regardless of part-time or full-time status—undergoes thorough background screening consistent with both county hiring policy and PREA requirements. Policy 108.0 goes further by explicitly prohibiting the hiring or promotion of any individual who has engaged in sexual abuse in a correctional setting, coerced sexual activity in the community, or has been found to have committed such acts in civil or administrative proceedings.

The Auditor conducted a comprehensive review of the 40 personnel files. Each file contained the necessary documentation required by the standard, including verified criminal history checks and signed PREA-related disclosures.

Provision (b): Consideration of Sexual Harassment Allegations

In accordance with Policy 108.0, Section 8.B, any known history of sexual harassment is factored into hiring and promotion decisions. The application materials include specific questions that require disclosure of such incidents. The Auditor confirmed through the review of personnel files that these questions were consistently completed and that appropriate documentation of prior checks was included in each file.

Provision (c): Background Checks and Employer References

Before hiring decisions are finalized, GCDC conducts criminal background checks in accordance with South Carolina Law Enforcement Division (SLED) and National Crime

Information Center (NCIC) standards. Additionally, efforts are made to contact prior institutional employers to gather information about substantiated sexual abuse allegations or resignations that occurred during ongoing investigations. HR staff confirmed these practices are followed, and the Auditor verified that there were zero new hires within the previous 12 months.

Provision (d): Contractor Screening Procedures

According to the PAQ, GCDC employed seven contractors during the review period. Each contractor underwent a criminal background check prior to having any contact with individuals in custody. GCDC maintains a policy of re-checking contractors' backgrounds every five years. Documentation confirmed that all contractors were in full compliance with background screening requirements.

Provision (e): Ongoing Screening for Staff and Contractors

The agency's policies stipulate that background checks are not a one-time procedure but are required every five years for both employees and contractors. Promotion candidates must also undergo screening. HR staff confirmed this process is consistently implemented and supported by documentation.

Provision (f): Disclosure of Arrests and Misconduct

All job applicants and current employees with inmate contact are asked to disclose any previous misconduct described in Provision (a). These questions appear on employment applications, in interviews, and during self-evaluations. Additionally, employees are required to report any new arrest activity through their chain of command. HR staff affirmed that the agency honors requests from other institutional employers for information about any substantiated allegations involving former staff.

Provision (g): Penalties for False Statements or Omissions

GCDC maintains a clear and enforceable policy regarding material omissions or false statements related to sexual misconduct. As stated in Policy 108.0, such actions are grounds for immediate disciplinary action, up to and including termination. HR staff confirmed that they are vigilant in enforcing this policy and that any relevant disciplinary action is appropriately documented.

Provision (h): Transparency with Future Employers

In alignment with PREA standards and unless prohibited by law, GCDC commits to full transparency in sharing substantiated allegations of sexual abuse or harassment involving former employees when contacted by potential employers. HR staff reiterated this commitment, noting that such cooperation is considered vital in supporting broader efforts to eliminate sexual abuse in correctional environments.

CONCLUSIONS

After a thorough review of agency policies, personnel files, and interviews with HR personnel, the Auditor finds that the Georgetown County Detention Center has implemented all required elements of the PREA standard related to hiring and

	promotional decisions. The facility’s approach reflects both policy-level commitment and practical follow-through in day-to-day operations. The documentation was complete, consistent, and demonstrated adherence to every provision of the standard.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW:</p> <p>As part of the compliance review for this standard, the Auditor conducted a thorough analysis of a range of agency documentation and conducted a detailed interview with the Facility Head. The following documents were reviewed:</p> <ol style="list-style-type: none"> 1. Georgetown County Detention Center (GCDC) Pre-Audit Questionnaire (PAQ) and all relevant supporting materials 2. GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training <p>INTERVIEW</p> <p>Facility Head</p> <p>During an in-depth interview, the Facility Head provided comprehensive insights into GCDC’s operational strategies related to facility design, technology, and overall institutional safety. The discussion reflected a strong commitment to maintaining compliance with PREA standards and creating a secure and respectful environment for all individuals in custody.</p> <p>The Facility Head confirmed that the Georgetown County Detention Center is equipped with robust video surveillance systems that provide substantial coverage of the facility. In areas where camera visibility is limited, strategically placed security mirrors enhance the ability of staff to monitor resident activity. This layered approach to security helps to ensure that blind spots are minimized and that staff are able to respond promptly to any incident that may arise.</p> <p>The Facility Head also explained that any future renovations, expansions, or modifications to the existing facility would be planned and executed with a deliberate focus on safety and PREA compliance. Before initiating any structural or technological changes, executive leadership and key facility supervisors convene in planning meetings to assess the potential impact of the proposed changes. Topics discussed include surveillance technology placement, resident visibility, line-of-sight issues, and how any modifications may affect staff supervision and resident safety.</p>

In addition to discussions about physical infrastructure, these meetings serve as forums for evaluating institutional performance data. The leadership team reviews incident reports, video footage summaries, use-of-force documentation, allegations of sexual abuse, grievances, and disciplinary reports. Broader organizational trends such as staffing levels, use of overtime, staff morale, and employee leave patterns are also routinely analyzed to inform operational improvements and enhance institutional culture.

This collaborative and data-informed approach demonstrates that the GCDC not only prioritizes physical and technological improvements but integrates ongoing evaluation of safety indicators to guide facility-wide decision-making.

PROVISIONS

Provision (a): Facility Expansion and Technology Upgrades

According to the Pre-Audit Questionnaire, the Georgetown County Detention Center has not undergone any substantial facility expansions or structural modifications since August 20, 2012, or since the facility's most recent PREA audit—whichever is more recent.

However, the facility has implemented upgrades to its video monitoring and electronic surveillance systems during this period. The Auditor was provided with a detailed schematic of camera placements throughout the institution, which confirmed that improvements to the surveillance infrastructure have taken place.

During the interview, the Facility Head reaffirmed that any future facility construction or renovation would be carefully evaluated through a PREA compliance lens. These evaluations would include collaborative discussions with the leadership team to assess risks, ensure adequate camera coverage, and consider additional monitoring technologies or design features that promote safety.

PROVISION (b): Surveillance and Future Construction Plans

The Facility Head reported that the facility currently has extensive camera coverage throughout all housing and operational areas. This surveillance system is reinforced by the use of security mirrors in select locations, further enhancing visibility and resident oversight. During the on-site facility tour, the Auditor personally observed the placement and functionality of both cameras and mirrors, confirming their effectiveness.

Additionally, the Facility Head shared that plans are underway for the construction of a new detention facility, which will be located across the street from the current site. While still in the early planning stages, the project is expected to be completed in or around the year 2027. The leadership team has already begun preliminary conversations around design considerations that align with PREA standards.

CONCLUSION

After a thorough review of the facility's documentation, physical infrastructure, and

	interview findings, the Auditor concludes that the Georgetown County Detention Center fully meets all provisions of this standard regarding facility expansion, renovation, and the installation or upgrade of monitoring technologies. The facility demonstrates a proactive, safety-conscious approach grounded in PREA compliance principles.
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115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>In assessing the Georgetown County Detention Center’s (GCDC) adherence to the requirements of PREA Standard §115.21, the Auditor began with a meticulous review of the facility’s foundational records. This initial phase served as both a fact-finding process and a means of understanding the institution’s overall philosophy and operational priorities when it comes to preventing, detecting, and responding to sexual abuse.</p> <p>At the heart of this review was the facility’s completed Pre-Audit Questionnaire (PAQ). This document, along with its extensive supporting evidence, offered a clear picture of GCDC’s policies, partnerships, and preparedness measures. Among the most significant documents was Policy 108.0 – Prison Rape Elimination Act, in effect since January 1, 2018. This policy functions as the facility’s guiding framework for compliance, expressing a firm zero-tolerance stance and outlining in detail the step-by-step actions required whenever an allegation of sexual abuse is received.</p> <p>Additional policies critical to PREA compliance were examined, including:</p> <ul style="list-style-type: none"> • Policy 105.0 – Employee Training Requirements/Training Records • Policy 102.0 – Organizational Chart/Chain of Command • Policy 103.0 – Staffing Plans and Requirements • Policy 205.0 – Searches • Policy 910.0 – Supervision Rounds and Counts • Policy 707.0 – Educational Programs • PREA-specific Standard Operating Procedures (SOPs) • A current Memorandum of Understanding (MOU) between GCDC and the Rape Crisis Center <p>Taken together, these documents reveal a layered and interdependent system of safeguards. The policies not only ensure procedural compliance but also create a culture where the rights, dignity, and safety of every person in custody are central to facility operations.</p>

INTERVIEWS

PREA Coordinator

During a detailed interview, the PREA Coordinator described the facility's evidence collection process with precision and confidence. GCDC follows nationally recognized, standardized protocols designed to preserve the chain of custody while ensuring that administrative and criminal investigations can proceed without compromise. Although the facility currently confines only adults, the Coordinator emphasized that procedures are adaptable to meet the developmental needs of youthful individuals should they ever be housed at GCDC. This readiness demonstrates forward-thinking policy implementation and a commitment to inclusivity.

PREA Compliance Manager (PCM)

The PCM spoke in depth about the processes in place for facilitating forensic medical examinations. While no such exams had been required in the past year, the MOU with the Rape Crisis Center of Horry County remains active and enforceable. When needed, exams are conducted at Tideland's Health Georgetown Memorial Hospital, with all associated services provided at no cost to the individual. This arrangement includes immediate access to trained victim advocates who offer emotional and practical support throughout the process, ensuring a trauma-informed approach even in urgent or unexpected circumstances.

SAFE/SANE Medical Personnel

Medical staff trained and certified as Sexual Assault Forensic Examiners (SAFE) and Sexual Assault Nurse Examiners (SANE) walked through each stage of the forensic examination process. Their approach begins with informed consent and continues with:

- Gathering a detailed medical and assault history
- Conducting full physical and genital examinations
- Collecting and securing forensic evidence
- Creating meticulous written and photographic documentation (with consent)
- Providing prophylactic treatment for sexually transmitted infections, including HIV

Each step is carried out with sensitivity, and chain-of-custody rules are strictly enforced to maintain evidentiary integrity.

Facility Staff

In random interviews, staff consistently demonstrated an accurate understanding of their duties under PREA. They were able to clearly articulate how to respond to a report of sexual abuse—protecting the scene, safeguarding evidence, ensuring the immediate safety of the individual involved, and alerting trained personnel without delay. These interviews reflected not just familiarity with the procedures, but a level of preparedness that suggests training is both thorough and retained over time.

Inmates Who Reported Sexual Abuse

At the time of the audit, there were no individuals in custody who had reported sexual abuse, and as such, no interviews were conducted in this category.

Rape Crisis Center of Horry County

Representatives from the Rape Crisis Center confirmed their ability to deliver an extensive array of services, including:

- 24/7 crisis hotline access
- Immediate and ongoing counseling
- Emotional support during exams and interviews
- Trauma-informed staff training
- Assistance navigating legal, medical, and correctional processes
- Services in multiple languages and accessible formats
- All services provided at no cost to the individual

This partnership forms a critical part of GCDC's survivor-centered response system.

PROVISIONS

Provision (a): Responsibility for Evidence Collection and Investigative Response

According to the PAQ, GCDC manages all internal administrative investigations, while the Georgetown County Sheriff's Department oversees criminal investigations. Policy 108.0 details precise first-responder responsibilities—unaffiliated supervisory staff must secure the scene and contact trained investigators, who have specialized instruction in victim and suspect interviewing, Miranda and Garrity rights, secure-facility evidence collection, and trauma-informed care.

Provision (b): Youthful Offenders

The facility does not house youthful individuals, a fact confirmed by both policy review and interviews. This provision is therefore not applicable.

Provision (c): Forensic Medical Examinations and Victim Services

GCDC policy ensures that any victim of sexual abuse can access medical care without cost, regardless of cooperation with an investigation. While certified SANEs/SAFEs are preferred, trained physicians or nurses conduct exams when necessary. The process includes written consent, narrative statements, examinations, evidence collection, photographic documentation (when consented to), and preventive medical treatments.

Provision (d): Access to Victim Advocates

Policy 108.0 guarantees the right to a victim advocate during medical exams or investigative interviews. The MOU with the Rape Crisis Center ensures trained advocates are available, and the facility has designated an internal advocate and two backups.

Provision (e): Support Services During the Exam

	<p>Advocates provide crisis counseling, emotional reassurance, and tailored resource referrals in alignment with both GCDC policy and the MOU.</p> <p>Provision (f): Investigative Responsibilities GCDC personnel conduct administrative investigations, while criminal cases are managed by the Sheriff’s Department. This dual-track system ensures procedural thoroughness and legal compliance.</p> <p>Provision (g): Not Applicable for Audit Review This provision falls outside the scope of the current audit.</p> <p>Provision (h): Availability of Advocacy Services As detailed earlier, advocacy services are consistently available to individuals reporting sexual abuse, through both facility staff and external partners.</p> <p>CONCLUSION The combined review of documentation, interviews, and external partnerships makes it clear that the Georgetown County Detention Center operates in full compliance with PREA Standard §115.21. The facility’s approach is survivor-centered, policy-driven, and reinforced by strong community collaboration.</p> <p>GCDC’s system prioritizes three things: the preservation of evidence, the safety and dignity of those in custody, and the accountability of all parties involved. This alignment of procedural precision with compassionate care demonstrates a genuine commitment to best practices in institutional safety—moving beyond mere compliance to embody the spirit of PREA’s mission.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>To assess Georgetown County Detention Center’s (GCDC) compliance with PREA Standard §115.22, the Auditor conducted a thorough examination of institutional documents and practices that govern how allegations of sexual abuse and sexual harassment are managed and referred for investigation. The review process focused not only on written policy but also on how procedures are implemented and understood by staff at all levels.</p> <p>DOCUMENT REVIEW</p> <p>The document review began with an in-depth analysis of the facility’s Pre-Audit Questionnaire (PAQ), supplemented by a robust collection of supporting policies, procedures, and operational records. The following documents were critical to the Auditor’s assessment:</p>

- Chapter 100 – Agency Administration, Management, and Training
- Policy 108.0 – Prison Rape Elimination Act (Effective January 1, 2018)
- Policy 105.0 – Employee Training Requirements/Training Records
- Policy 102.0 – Organizational Chart/Chain of Command
- Policy 103.0 – Staffing Plans and Requirements
- Policy 205.0 – Searches
- Policy 910.0 – Supervision Rounds and Counts
- Chapter 700 – Programs and Services
- Policy 707.0 – Educational Programs

In addition to the facility’s core policy documents, the following resources were also reviewed:

- PREA-Specific Standard Operating Procedure (SOP)
- Memorandum of Understanding (MOU) between GCDC and a local Rape Crisis Center

These documents together provide a comprehensive overview of how the facility receives, responds to, and investigates allegations of sexual misconduct.

INTERVIEWS

Facility Head or Designee

The Auditor conducted a formal interview with the Facility Head, who articulated the Detention Center’s zero-tolerance stance on all forms of sexual abuse and sexual harassment. The Facility Head emphasized that every allegation is treated with gravity, regardless of the source or perceived severity. Investigations are launched promptly and conducted by trained facility staff unless the matter rises to the level of a criminal offense—at which point it is referred to local law enforcement.

Transparency was also noted as a key value. GCDC ensures that the public, stakeholders, and individuals in custody can access its investigative policies through the agency’s official website. The Facility Head affirmed that all criminal referrals are meticulously tracked, with documentation maintained in line with agency protocols.

Investigative Staff

Interviews with members of the investigative team demonstrated a clear understanding of investigative duties and a consistent application of PREA standards. Investigators described a methodical approach grounded in evidence collection, documentation, and due process. Each allegation—whether administrative or potentially criminal—is investigated using a standardized procedure involving:

- Interviews with parties involved and witnesses
- Collection and review of physical and digital evidence (e.g., surveillance footage, communication logs)

- Coordination with medical and mental health services when necessary
- Preparation of detailed investigative reports

Investigative staff emphasized impartiality, trauma-informed practices, and adherence to both GCDC policy and federal PREA requirements.

PROVISIONS

Provision (a): Referral of Allegations for Investigations

GCDC has established a clear chain of command and responsibility when addressing allegations. According to Policy 108.0 (Section A, p. 14), administrative investigations are conducted internally, while criminal investigations are referred to the Georgetown County Sheriff's Office.

Upon receipt of any allegation verbally, written, or otherwise documented—the shift supervisor, assuming no conflict of interest, is required to immediately notify the facility's PREA Coordinator and ensure the report is submitted for investigation. The nature of the allegation dictates the type of investigation initiated. If there is any indication of criminal behavior, the Sheriff's Office is contacted. For particularly sensitive or complex cases, the facility may request additional investigative assistance from the South Carolina Law Enforcement Division (SLED).

During the 12-month period preceding the on-site audit, the facility reported one allegation of staff-on-inmate sexual abuse, which was promptly referred for criminal investigation. The allegation was substantiated, resulting in the arrest and termination of the involved staff member. At the time of the audit, the case remained open. Due to the timing of the report and investigative process, no forensic medical exam was conducted.

Interviews confirmed that all staff understand their obligation to report any known, suspected, or alleged sexual misconduct without delay. Failure to report is understood to result in disciplinary action, reflecting a culture of accountability.

Provision (b): Prompt and Objective Investigations

Policy 108.0 (Section B, p. 14) affirms that investigations must begin without delay, often starting before the end of the shift during which the allegation is received. The same policy (Section C, p. 14) mandates that investigations continue regardless of the custody status of the parties involved or the employment status of a staff member accused of misconduct.

Further, the policy prohibits bias in credibility assessments, emphasizing that no greater weight should be given to the testimony of staff or individuals in authority positions. It also requires that GCDC's investigative policies, including those related to sexual abuse and harassment, be published on the agency's public website, consistent with transparency expectations (Policy 108.0, p. 15, item 10).

During interviews, staff consistently reported that all allegations are pursued, with

	<p>criminal cases referred to the Sheriff's Office and administrative cases handled internally.</p> <p>Provision (c): Administrative and Criminal Investigation Responsibilities</p> <p>The division of investigative responsibilities is clearly delineated in the PAQ and supporting policy materials. Internal investigators handle administrative cases, while criminal investigations are the responsibility of the Georgetown County Sheriff's Department. If a case results in criminal charges, it is pursued through legal channels. If criminal elements are not established, GCDC resolves the matter through internal administrative procedures.</p> <p>Provisions (d) and (e): Not Applicable</p> <p>These provisions fall outside the scope of the current audit and were therefore not evaluated.</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of institutional policy, operational procedures, and interviews with staff, the Auditor finds that Georgetown County Detention Center has established and implemented strong, compliant practices for the referral and investigation of all allegations of sexual abuse and sexual harassment.</p> <p>The process of distinguishing between administrative and criminal investigations is clearly articulated and consistently applied. Staff at every level demonstrated a clear understanding of their responsibilities and a shared commitment to upholding the principles of PREA.</p> <p>The facility is determined to be in full compliance with PREA Standard §115.22.</p>
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115.31	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the PREA compliance assessment, the Auditor undertook a comprehensive review of the documentation submitted by the Georgetown County Detention Center (GCDC). This included the facility's Pre-Audit Questionnaire (PAQ) and an array of supporting documents that outline agency training practices and procedures. Key documents reviewed included several policies under Chapter 100: Agency Administration, Management, and Training, such as:</p> <ul style="list-style-type: none"> • Policy 108.0: Prison Rape Elimination Act, effective January 1, 2018 • Policy 105.0: Employee Training Requirements/Training Records, effective

January 1, 2018

- Policy 102.0: Organizational Chart/Chain of Command, dated January 1, 2018
- Policy 103.0: Staffing Plans and Requirements, dated January 1, 2018
- Policy 205.0: Searches, dated January 1, 2018
- Policy 910.0: Supervision Rounds and Counts, dated January 1, 2018
- Additionally, the Auditor examined Chapter 700: Programs and Services, specifically Policy 707.0: Educational Programs, dated January 1, 2018

INTERVIEWS

Random Staff Interviews

To corroborate the written record, the Auditor conducted interviews with a randomly selected group of facility staff, including individuals from security, programming, administrative, and support roles. All those interviewed confirmed that they received PREA training prior to assuming duties that involve any level of contact with individuals in custody.

Staff consistently reported that initial PREA training was part of their orientation and that the content was reinforced at regular intervals through annual refresher courses and informal reminders provided via daily shift briefings, roll calls, and in-service sessions.

Each staff member was able to articulate the core elements of their responsibilities under PREA and displayed a strong understanding of how to identify, respond to, and report incidents of sexual abuse or harassment. Without exception, participants in the interviews accurately recalled receiving training on all ten content areas required by the standard.

PROVISIONS

Provision (a): Training for Employees and Contractors

According to the PAQ, GCDC provides PREA training to all staff members and contractors who have contact with incarcerated individuals. The training is tailored to the specific services provided and the degree of offender interaction expected of each role. All personnel are instructed on the facility's zero-tolerance stance toward sexual abuse and sexual harassment and are informed of their responsibilities in reporting any incidents.

Policy 105.0 designates responsibility to the Detention Center Administrator for assigning a Training Officer, whose duties include scheduling and ensuring staff receive all required training. This includes compliance with the South Carolina Minimum Jail Standards, PREA standards, and the training requirements set by the South Carolina Criminal Justice Academy.

The Auditor reviewed the facility's PREA training curriculum and related materials, which comprehensively cover all ten elements required under the standard. These elements are presented in a numbered, structured format to support learning retention. While the training is universally administered, it varies in depth and

complexity based on job classification and specific duties, with more specialized content for roles such as medical, mental health, and investigative personnel.

Training records were reviewed across a representative sample of staff from various departments. Each file contained documentation confirming the staff member had completed initial PREA training. The Auditor also examined attendance sheets from the previous twelve months of refresher training, verifying that employees acknowledged participation by signature. Interviews with staff members consistently confirmed their participation in initial PREA training at the time of hire or policy implementation, followed by annual in-service training and periodic updates during shift briefings.

Provision (b): Gender-Specific and Population-Sensitive Training

GCDC Policy 105.0 explicitly requires that all training received by employees be documented and submitted to the Training Officer or their designee for recordkeeping. The policy also ensures that PREA-related training records are readily available to the PREA Coordinator upon request.

The PREA training at GCDC is inclusive and addresses gender-specific concerns for both male and female populations. The training also includes dedicated components on managing transgender and gender non-conforming individuals. If an employee is reassigned to a facility or housing unit with a different population composition, that employee is required to receive additional training or refresher instruction tailored to the characteristics of the new inmate population prior to being placed in a post involving direct contact.

The Auditor verified that training materials aligned with PREA standards and confirmed that training had been delivered to relevant staff through documentation and interviews.

Provision (c): Refresher and Ongoing Training

GCDC has demonstrated a consistent approach to maintaining staff readiness through regularly scheduled refresher training. Records showed that all current staff have received PREA training within the past twelve months. Additional refresher training is conducted every two years, as documented in training records from fiscal years 2023 and 2024. Moreover, the facility supplements formal training with ongoing instruction during staff meetings, shift changes, and through educational materials and posters displayed throughout the facility.

Provision (d): Documentation and Acknowledgment of Training

Consistent with PREA requirements, GCDC ensures that all employees provide written acknowledgment of the training they receive. Training attendance is documented through staff signatures on rosters and individual acknowledgment forms, which are retained in each employee's training file. These records showed multiple entries with varied dates, indicating that staff had attended separate sessions for both initial and refresher training modules.

	<p>CONCLUSION</p> <p>Following a thorough review of policy documents, training materials, staff records, and through direct interviews with facility personnel, the Auditor concludes that GCDC fully complies with the PREA standard regarding employee training. The facility has implemented a comprehensive, well-documented training program that prepares staff to recognize, prevent, and respond to incidents of sexual abuse and sexual harassment.</p>
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115.32	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To assess Georgetown County Detention Center's (GCDC) compliance with the Prison Rape Elimination Act (PREA) standards related to contractor and volunteer training, the Auditor conducted a thorough review that blended document analysis, on-site observations, and structured interviews. The facility submitted a detailed Pre-Audit Questionnaire (PAQ), which was supported by an extensive collection of policies, procedural documents, and operational agreements.</p> <p>Central to this review were key policy statements drawn from Chapter 100 of GCDC's Policies and Procedures, which govern agency administration, management, and training. Among the most relevant documents were:</p> <ul style="list-style-type: none"> • Policy 108.0 – Prison Rape Elimination Act, effective January 1, 2018 • Policy 105.0 – Employee Training Requirements/Training Records, effective January 1, 2018 • Policy 102.0 – Organizational Chart/Chain of Command, effective January 1, 2018 • Policy 103.0 – Staffing Plans and Requirements, effective January 1, 2018 • Policy 205.0 – Searches, effective January 1, 2018 • Policy 910.0 – Supervision Rounds and Counts, effective January 1, 2018 <p>Additional reviewed materials included Chapter 700, Programs and Services Policy 707.0 – Educational Programs, GCDC's Standard Operating Procedure for PREA, and a formal Memorandum of Understanding between GCDC and the Rape Crisis Center.</p> <p>Collectively, these documents illustrated a clearly defined framework for contractor and volunteer training, one that is consistent with federal PREA requirements and designed to ensure staff preparedness.</p>

OBSERVATIONS

During the on-site portion of the audit, the Auditor observed daily operations and interacted directly with staff, contractors, and volunteers to evaluate how training protocols were applied in practice. These interactions provided valuable insight into the facility’s ability to translate written policy into day-to-day operational readiness. The interviews confirmed that the PREA training received by contractors and volunteers was not merely procedural but tailored to the specific functions and interactions each role required.

INTERVIEWS

Volunteer Interview

One volunteer shared that PREA training was a prerequisite to beginning any work involving incarcerated individuals. They explained that the training addressed the volunteer’s unique role and clearly outlined responsibilities within the facility’s zero-tolerance framework. When asked about their understanding of PREA, the volunteer confidently described what PREA is and clearly articulated their duty to report any observed or suspected incidents of sexual abuse or harassment without delay.

Contractor Interview

Similarly, a contracted staff member confirmed that they, too, had completed PREA training before having any contact with incarcerated individuals. Their training was role-specific, focusing on situations and responsibilities they were most likely to encounter. When questioned about their understanding of PREA, the contractor gave a precise explanation of the law’s intent and described the exact reporting procedures they would follow in the event of a disclosure or incident.

PROVISION

Provision (a): Contractor Training in PREA Policies and Zero Tolerance

Documentation and interview evidence confirmed that GCDG mandates PREA training for all contractors with direct or incidental contact with incarcerated individuals. This training is adapted to the level of interaction the contractor will have within the facility and includes the core principle of the agency’s zero-tolerance stance toward sexual abuse and sexual harassment, as well as the procedures for identifying and reporting such incidents.

Under Policy 108.0, contractors are required to receive training coordinated and documented by the PREA Coordinator or Training Officer at the outset of their service. Contractors must sign a written acknowledgment confirming they have received, understood, and accepted the responsibilities outlined in the training. These signed acknowledgments are retained by the Training Officer and can be accessed by the PREA Coordinator as needed.

The Auditor reviewed the training curriculum, noting that the materials were

	<p>structured into clear, numbered sections, making the content easier to follow and retain. Seven contractor files—four from medical services and three from food service—were examined, each containing documentation verifying that PREA training was completed prior to the start of work. Additionally, three contracted food service staff were interviewed, each demonstrating strong comprehension of PREA principles, particularly the steps to take if they witnessed or received a report of abuse or harassment.</p> <p>Provision (b): Minimum Training Requirements for Contractors</p> <p>Policy 108.0 also specifies that every contractor, regardless of their assigned duties, must at a minimum be trained in the facility’s zero-tolerance approach to sexual abuse and harassment, as well as the reporting process for any suspected or alleged misconduct. Interviews with three contractors confirmed that this standard was met consistently. Each contractor expressed a solid understanding of the zero-tolerance policy and could confidently explain the reporting pathway.</p> <p>Provision (c): Documentation and Acknowledgment of PREA Training</p> <p>Completion of PREA training is documented through signed acknowledgment forms, which are stored in each contractor’s personnel file. The Auditor reviewed forms from the preceding 12 months and found each properly signed and dated. Attendance logs and sign-in sheets further substantiated that the training program is well-organized, consistently applied, and fully documented.</p> <p>CONCLUSION</p> <p>Based on the comprehensive review of policy documents, training materials, contractor files, and interview responses, the Auditor concludes that GCDC is in full compliance with PREA standards related to volunteer and contractor training. The facility has built a well-structured, consistently applied training program that ensures all contractors and volunteers are fully informed of their responsibilities, particularly regarding zero tolerance and mandatory reporting. This commitment to both policy and practice reflects GCDC’s dedication to maintaining a safe and respectful environment for all individuals in its care</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>To evaluate Georgetown County Detention Center’s (GCDC) compliance with the Prison Rape Elimination Act (PREA) Standard §115.33, the Auditor undertook a comprehensive review of the facility’s documentation, policies, procedures, and educational practices related to inmate education on sexual abuse and harassment. This included a review of written materials, observations during the on-site audit, and interviews with both intake staff and randomly selected inmates. The analysis</p>

confirmed that GCDC has implemented a robust and consistent approach to ensuring individuals in custody are informed of their rights and responsibilities under PREA.

DOCUMENT REVIEW

The following documents were examined to assess the scope and quality of inmate education related to PREA:

- GCDC Pre-Audit Questionnaire (PAQ) and supporting materials
- GCDC Policies and Procedures, Chapter 100:
- Policy 108.0: Prison Rape Elimination Act, effective January 1, 2018
- Policy 105.0: Employee Training Requirements/Training Records, effective January 1, 2018
- Policy 102.0: Organizational Chart/Chain of Command, dated January 1, 2018
- Policy 103.0: Staffing Plans and Requirements, dated January 1, 2018
- Policy 205.0: Searches, dated January 1, 2018
- Policy 910.0: Supervision Rounds and Counts, dated January 1, 2018
- GCDC Policies and Procedures, Chapter 200:
- Policy 207.0: Inmate Handbook and Orientation Training, dated January 1, 2018
- GCDC Policies and Procedures, Chapter 700:
- Policy 707.0: Educational Programs, dated January 1, 2018
- Standard Operating Procedure: PREA
- Memorandum of Understanding with the Rape Crisis Center
- PREA posters in English and Spanish
- Miscellaneous training materials provided at intake

INTERVIEWS

Intake Staff

Interviews conducted with intake personnel confirmed that every individual entering the facility is provided with an Admission and Orientation (A&O) Handbook upon arrival. Staff explained that individuals are required to sign an acknowledgment form confirming receipt of this information, and this documentation is subsequently placed in their institutional files.

Randomly Selected Individuals in Custody

Interviews with a random sample of incarcerated individuals validated that PREA education is provided during the intake process. All individuals interviewed stated that they received information about the agency's zero-tolerance policy toward sexual abuse and sexual harassment and were clearly informed about available methods for reporting concerns or incidents. The consistency of these responses indicated a well-established and effective intake education process.

PROVISIONS

Provision (a): Immediate PREA Information at Intake

According to the PAQ, GCDC reported that 2,415 individuals were admitted to the facility over the previous 12-month period, and 100% received PREA education at intake. Policy 207.0 mandates that all individuals are to be provided with an Inmate Handbook and a PREA informational pamphlet upon arrival. Policy 108.0 outlines the required content of the pamphlet, which must include information on incident reporting procedures, available victim services (including medical and mental health care), an overview of the investigative process, classification screening procedures, and a clear statement of the facility's zero tolerance policy.

During the on-site tour, the Auditor observed both the PREA pamphlet and the Inmate Handbook available in English and Spanish. Interviews with intake staff confirmed that each newly admitted individual is issued these materials upon admission and is required to sign an acknowledgment form, which is retained in their institutional record.

Inmate interviews corroborated this process. Every person interviewed remembered receiving the written materials at intake. They recalled content related to the zero-tolerance policy and how to report sexual abuse or harassment.

Provision (b): PREA Education for Individuals Held Over 30 Days

According to the PAQ, 120 individuals remained in custody for more than 30 days during the audit period. These individuals were also reported to have received PREA education, including information about their right to be free from sexual abuse and harassment, as well as instructions on reporting incidents.

Interviews with intake staff confirmed that individuals are educated about PREA immediately upon admission, prior to being assigned to a housing unit. Inmate interviews further validated that individuals retained key information from the training. Common responses included awareness of the facility's zero tolerance policy, the right to be protected from abuse and retaliation, how and whom to report incidents, and use of the phone numbers posted throughout the facility.

Provision (c): Verification and Comprehension of PREA Information

PREA education at GCDC is provided through a combination of written materials and face-to-face orientation. Staff members go over the material with each newly admitted individual, answer any questions, and conduct a question-and-answer session as part of the Admission and Orientation (A&O) process. Documentation of the education—including signed acknowledgment forms—is maintained in each individual's record.

This approach was confirmed through both staff interviews and a review of inmate files. Interviews also showed that orientation and education practices are applied consistently, regardless of whether an individual is a new commitment or a transfer from another facility.

Provision (d): Accessibility of PREA Information

Policy 207.0 requires that orientation training occur within 30 days of admission, with lesson plans and materials pre-approved by the Detention Center Director or designee. The PREA Coordinator is responsible for approving all PREA-related educational materials.

GCDC has taken specific steps to ensure that language barriers or disabilities do not prevent individuals from understanding their rights and responsibilities under PREA. When translation services are needed and a live interpreter is unavailable, staff are authorized to use Google Translate. This resource is available around the clock in over 100 languages and can be accessed using a computer with a microphone.

When asked how the facility accommodates individuals with disabilities, the PREA Compliance Manager explained that the facility partners with local disability assistance services to ensure comprehension of PREA materials. The goal is for every individual to receive information in a format they can understand.

Provision (e): Documentation of Education

As detailed in earlier provisions, individuals in custody at GCDC are required to sign acknowledgment forms verifying receipt of the Inmate Handbook and PREA pamphlet. During the document review, the Auditor examined several inmate files and found consistent documentation confirming that each individual had received and acknowledged the required information.

Provision (f): Ongoing PREA Education and Visual Reinforcement

GCDC employs multiple formats to ensure the inmate population remains informed about their rights under PREA. In addition to the written materials, PREA posters are displayed throughout the facility in both English and Spanish. These posters are varied in appearance and messaging to prevent individuals from overlooking or becoming desensitized to them.

The Auditor personally observed these posters in housing units, common areas, and program spaces during the on-site visit. Interviews with individuals in custody revealed that staff—including the PREA Compliance Manager, frequently engage them in both formal and informal conversations about safety, reporting options, and vulnerability. Many inmates reported being regularly asked about their well-being and whether they felt safe.

CONCLUSION

Based on an in-depth review of documentation, staff and inmate interviews, and on-site observations, the Auditor concludes that the Georgetown County Detention Center is in full compliance with PREA Standard §115.33. The facility has implemented a comprehensive, accessible, and well-documented system for delivering PREA education to individuals in custody, ensuring they understand their rights, reporting mechanisms, and the facility's commitment to a zero-tolerance culture.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p data-bbox="256 338 576 371">DOCUMENT REVIEW</p> <p data-bbox="256 412 1481 779">To assess compliance with the Prison Rape Elimination Act (PREA) Standard §115.34, which pertains to the specialized training of investigative personnel, the Auditor conducted an in-depth review of documentation submitted by the Georgetown County Detention Center (GCDC). This evaluation was further supported by direct observations made during the on-site visit and interviews with key staff members. The purpose of this review was to determine whether GCDC ensures that staff assigned to investigate allegations of sexual abuse and sexual harassment within the facility receive appropriate and specialized training aligned with the requirements of the PREA standard.</p> <p data-bbox="256 819 1437 976">The Auditor examined a broad range of documents that collectively illustrate the facility's training infrastructure, content, and delivery methods. Particular attention was paid to the clarity of policy directives, the thoroughness of curricula, and the accuracy of training documentation. The materials reviewed included:</p> <ul data-bbox="331 1048 1453 2085" style="list-style-type: none"> • The facility's completed Pre-Audit Questionnaire (PAQ) and all relevant attachments • GCDC Policies and Procedures, Chapter 100: • Policy 108.0 – Prison Rape Elimination Act (Effective January 1, 2018) • Policy 105.0 – Employee Training Requirements/Training Records • Policy 102.0 – Organizational Chart/Chain of Command • Policy 103.0 – Staffing Plans and Requirements • Policy 205.0 – Searches • Policy 910.0 – Supervision Rounds and Counts • GCDC Policies and Procedures, Chapter 200: • Policy 207.0 – Inmate Handbook and Orientation Training • GCDC Policies and Procedures, Chapter 400: • Policy 400.0 – Inmate Health Services • GCDC Policies and Procedures, Chapter 700: • Policy 707.0 – Educational Programs • GCDC's Standard Operating Procedure (SOP) on PREA • A Memorandum of Understanding (MOU) between GCDC and a local Rape Crisis Center • PREA awareness and informational posters prominently displayed in housing units and other common areas • A range of training materials used in staff education and development • An undated memorandum from the Sheriff referencing PREA Standard §115.34(a) • Sign-in rosters, training lesson plans, and post-training test results related to specialized investigator instruction

INTERVIEWS

Facility Head:

The Auditor conducted an interview with the Facility Head, who affirmed that all staff designated to conduct investigations into sexual abuse or sexual harassment allegations receive specialized training in accordance with facility policy and the PREA standard. The Facility Head emphasized the agency’s commitment to ensuring that investigators are fully prepared to conduct trauma-informed, impartial, and thorough investigations within a confinement setting.

Investigative Staff:

The Auditor also interviewed the facility investigators. During the conversation, the staff member provided a comprehensive overview of their training experience, which included both general PREA instruction provided to all employees and the advanced, specialized training developed specifically for investigative personnel. The investigator verified successful completion of the training requirements, including passing a post-training examination, and demonstrated a sound understanding of facility protocol and evidence-based investigative techniques in cases of sexual abuse or harassment.

PROVISIONS

Provision (a): Training for Investigators Responding to Sexual Abuse Allegations

GCDC’s Policy 108.0 (Prison Rape Elimination Act, page 6, item 3) mandates that any employee assigned to respond to allegations of sexual abuse—particularly those with investigative duties—must undergo specialized training. The training content includes, but is not limited to:

- Management and preservation of crime scenes in a correctional environment
- Techniques to minimize contamination while adhering to bloodborne pathogen protocols
- Proper evidence collection practices
- Crisis intervention skills with trauma-informed approaches for survivors of sexual abuse

The Auditor’s review of the PAQ confirmed that GCDC currently has one staff member assigned exclusively to investigative duties. Documentation reviewed included training sign-in logs, course curricula, and post-training test results, all of which validated that the individual successfully completed the required instruction. Additionally, records confirmed that this investigator also participated in general PREA training provided to all employees, contractors, and volunteers.

Provision (b): Content Requirements for Specialized Investigator Training

Further directives regarding the scope of investigative training are outlined in Policy 108.0 (page 15, Section E, paragraph 2). This section describes procedures for securing and preserving a crime scene, collecting evidence, and ensuring that only trained investigators are involved in the investigative process. The policy outlines essential competencies investigators are expected to master, including:

	<ul style="list-style-type: none"> • Conducting effective interviews with both victims and alleged perpetrators • Proper administration of Miranda and Garrity warnings during interviews • Adherence to evidence handling protocols in a secure facility environment • Recognizing the threshold of proof necessary for administrative and/or criminal proceedings • Interviews and documentation reviewed by the Auditor confirmed that GCDC's investigative staff had been trained in each of these critical areas. • The investigator interviewed demonstrated a firm grasp of the principles and protocols described above. <p>Provision (c): Curriculum Source</p> <p>The training curriculum utilized by the Georgetown County Sheriff's Office for PREA-related investigations is based on the PREA Resource Center's nationally recognized module titled "Specialized Training: Investigating Sexual Abuse in Confinement Settings." This was corroborated by the undated Sheriff's memorandum referencing both the PREA Resource Center website and the associated training materials. The Auditor determined that the training content meets nationally accepted standards and reflects current best practices for investigating sexual abuse in custodial environments.</p> <p>Provision (d): Auditor Review Not Required</p> <p>As stated in PREA audit methodology, Provision (d) under this standard is not subject to audit and was therefore not assessed as part of this compliance review.</p> <p>CONCLUSION</p> <p>Following a thorough evaluation of relevant documentation, direct staff interviews, and observations made during the on-site visit, the Auditor finds that the Georgetown County Detention Center is fully compliant with the requirements outlined in PREA Standard §115.34. The facility has demonstrated a well-organized and consistent approach to delivering specialized training to investigative personnel. All required elements of the training program have been completed, appropriately documented, and verified through multiple sources, reflecting the agency's strong commitment to maintaining a safe, trauma-informed, and accountable environment for all individuals in its custody.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	As part of the compliance assessment process, the Auditor conducted a thorough review of materials related to specialized training for medical and mental health care

professionals at the Georgetown County Detention Center (GCDC). The documentation reviewed included a wide range of agency policies, training records, operational procedures, and supplemental materials related to PREA compliance. These documents formed the foundation for evaluating the facility's adherence to the standard on specialized training for medical and mental health practitioners.

DOCUMENT REVIEW

The following documents were examined:

- GCDC Pre-Audit Questionnaire (PAQ) and all supporting documentation
- GCDC Policies and Procedures, Chapter 100:
- Policy 108.0, Prison Rape Elimination Act, effective January 1, 2018
- Policy 105.0, Employee Training Requirements/Training Records, effective January 1, 2018
- Policy 102.0, Organizational Chart/Chain of Command, effective January 1, 2018
- Policy 103.0, Staffing Plans and Requirements, effective January 1, 2018
- Policy 205.0, Searches, effective January 1, 2018
- Policy 910.0, Supervision Rounds and Counts, effective January 1, 2018
- GCDC Policies and Procedures, Chapter 200:
- Policy 207.0, Inmate Handbook and Orientation Training, effective January 1, 2018
- GCDC Policies and Procedures, Chapter 400:
- Policy 400.0, Inmate Health Services, effective January 1, 2018
- GCDC Policies and Procedures, Chapter 700:
- Policy 707.0, Educational Programs, effective January 1, 2018
- GCDC Standard Operating Procedure on PREA
- Memorandum of Understanding between GCDC and the local Rape Crisis Center
- PREA informational posters displayed throughout the facility
- Miscellaneous PREA training materials and lesson plans

In addition to document review, the Auditor conducted in-person observations during the on-site portion of the audit and held structured interviews with key staff to verify implementation of training standards.

INTERVIEWS

Facility Head

The Facility Head confirmed that all healthcare personnel working at the facility, whether directly hired or contracted, are required to complete general PREA training in addition to a specialized curriculum focused on their medical roles. The Facility Head stated unequivocally that the facility's sole on-site healthcare provider had completed both training components and was well-versed in the facility's procedures for addressing incidents of sexual abuse or harassment.

Medical Staff

At the time of the audit, the facility employed one full-time nurse as its only on-site medical professional. During the interview, the nurse described the scope of PREA-related training received, including general orientation upon hire and annual refresher courses thereafter. The nurse also confirmed completion of specialized training focused on medical responsibilities related to PREA. This training included instruction on identifying signs of abuse, appropriately supporting potential victims, preserving evidence, and ensuring accurate documentation and reporting procedures.

The nurse demonstrated a solid grasp of both clinical and procedural responsibilities associated with PREA compliance. They clearly articulated the differences between internal medical documentation and external reporting obligations, underscoring the thoroughness of the facility's training program.

Mental Health Services

The facility does not employ on-site mental health professionals. Mental health services are provided through external referrals to licensed practitioners in the community. Therefore, no interviews were conducted with mental health providers during this audit cycle.

PREA Compliance Manager (PCM)

The PREA Compliance Manager verified that all healthcare providers assigned to the facility are required to complete both the general and specialized components of PREA training. The PCM reported that training records are systematically maintained, regularly reviewed for compliance, and readily accessible to oversight personnel. They emphasized that the training content is integrated into broader staff development systems to ensure continuous reinforcement of PREA standards.

PROVISIONS

Provision (a): Training Requirement for Health Care Providers

GCDC Policy 400.0, Inmate Health Services (effective January 1, 2018), specifies that all full- and part-time healthcare professionals, including those employed by contract agencies or as volunteers, must complete PREA training as a condition of their engagement with the facility. This includes anyone who may have contact with individuals in custody.

The Auditor reviewed training records and lesson plans which clearly documented the required content, including:

- Identifying and assessing signs of sexual abuse and harassment
- Preserving evidence in cases of sexual abuse
- Responding professionally and effectively to victims
- Understanding how and to whom to report allegations or suspicions

Interviews with staff and document review confirmed that all medical personnel, including the full-time nurse, had completed the required training and met the facility's compliance benchmarks.

Provision (b): Scope and Delivery of Specialized Training

	<p>According to Policy 400.0, the specialized training must be presented either by the PREA Coordinator or by the healthcare provider organization. All new contract healthcare staff must complete this training during their orientation, while existing personnel were required to complete it within one year of the initial implementation of PREA standards.</p> <p>The policy outlines six essential training topics:</p> <ul style="list-style-type: none"> • Detecting and assessing signs of abuse or harassment • Preserving physical evidence • Responding to victims • Reporting responsibilities and procedures • Clarifying the healthcare provider's role in victim disclosures • Reviewing agency PREA policies, specifically Policy 108.0 <p>The policy also explicitly states that medical staff are not authorized to conduct forensic medical examinations on victims of sexual abuse. These exams are to be referred to external qualified practitioners.</p> <p>Provision (c): Training Documentation Policy 400.0 mandates that all training provided to healthcare personnel must be documented and stored according to the guidelines set in Policy 105.0, Employee Training Requirements. This documentation must be made accessible to the PREA Coordinator upon request. During the audit, the Auditor verified that all training records were appropriately maintained in each employee's file, confirming compliance with this requirement.</p> <p>Provision (d): General PREA Training Compliance Sign-in sheets and training materials reviewed by the Auditor confirmed that medical personnel at GCDC received the general PREA training required of all facility staff, volunteers, and contractors. This is in addition to the specialized training required for their roles.</p> <p>CONCLUSION After a comprehensive review of policies, training materials, interviews, and records, the Auditor concluded that the Georgetown County Detention Center fully meets the requirements of PREA Standard §115.35 regarding specialized training for medical and mental health care professionals.</p>
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	DOCUMENT REVIEW

To evaluate Georgetown County Detention Center's (GCDC) compliance with the Prison Rape Elimination Act (PREA) Standard §115.41 on screening for risk of sexual victimization and abusiveness, the Auditor undertook a detailed review of relevant policies, procedures, and institutional documentation. Central to this assessment was the Pre-Audit Questionnaire (PAQ) and its associated documentation, which collectively offered a comprehensive overview of how intake screenings are administered and managed at the facility.

The Auditor carefully reviewed policies from GCDC's operational manuals, including:

- Chapter 100: Agency Administration, Management, and Training, specifically Policy 108.0, Prison Rape Elimination Act, effective January 1, 2018.
- Chapter 200: Admission and Booking, featuring Policy 200.0, Legality of Commitment, and Policy 204.0, Intake Screening for Risk of Sexual Victimization or
- Perpetration/Transgender Inmates, both dated January 1, 2018.
- In addition, a selection of inmate records was reviewed to verify consistent application of policy.

OBSERVATIONS

During the on-site portion of the audit, the Auditor held informal conversations with intake and classification staff. These exchanges, while not part of the formal interview process, served to reinforce the Auditor's understanding of day-to-day practices, offering practical insight into how policies translate into operational behavior.

INTERVIEWS

PREA Coordinator (PC)

In a structured interview, the PREA Compliance Director explained how the facility ensures intake information—particularly that of a sensitive or confidential nature—is handled with discretion and professionalism. Access to screening data is intentionally limited to medical staff, mental health providers, classification officers, and the PREA Compliance Manager (PCM), and only on a strictly need-to-know basis. The information gathered through screening directly informs housing, treatment, and placement decisions. Importantly, the Facility Head confirmed that GCDC does not house individuals solely for civil immigration detention.

Risk Screening Staff

Staff assigned to conduct risk assessments outlined a systematic intake process initiated within 24 hours of an individual's arrival. The screening evaluates a range of factors, including any history of sexual victimization or predatory behavior, prior incarcerations, criminal background, and physical or mental health considerations. Screenings are updated within 30 days, and reassessments are triggered by significant changes such as a PREA-related incident, return to the facility, or new information about the individual's risk profile.

Transgender individuals are afforded particular attention, with screenings occurring at intake, again within 30 days, and then at least every six months. Staff emphasized that individuals are never disciplined for declining to answer screening questions. Instead, staff are encouraged to revisit the conversation respectfully and explain the rationale behind the questions to foster trust and participation.

PREA Compliance Manager

The PCM reinforced that the screening process is ultimately designed to promote safety. Data from intake assessments informs strategic housing and programming decisions aimed at reducing risk. Consistent with the PC's account, the PCM confirmed that access to this data is stringently limited to staff whose roles directly require it.

Random Inmates

A random sample of individuals currently housed at the facility confirmed they were asked about their emotional and physical safety shortly after arriving. Many specifically recalled being questioned about past victimization, sexual orientation, gender identity, and whether this was their first incarceration. Most reported receiving the initial risk assessment within 72 hours, followed by a reassessment in line with the facility's policies.

Classification Staff

Classification officers echoed the testimony of screening staff, reiterating that participation in risk assessments is voluntary and refusal does not result in punishment. Staff work to ensure individuals understand the purpose behind each question, aiming for informed and voluntary engagement.

PROVISIONS

Provision (a): Initial Screening Requirements

Policy 204.0 clearly mandates that GCDC's intake process includes a screening component aligned with PREA standards. The PREA Coordinator, in collaboration with relevant staff, oversees this process, which evaluates factors such as:

- Mental, physical, or developmental disabilities
- Age and physical build
- Incarceration history
- Criminal background and nature of offenses
- Gender identity and sexual orientation
- History of sexual victimization or abusiveness
- Perceived vulnerability and self-reported concerns
- Whether detained solely for civil immigration purposes
- Policy 200.0 assigns responsibility to booking supervisors to verify that all new admissions meet the legal criteria for detention. Any discrepancies are addressed immediately.

Incarcerated individuals interviewed were able to recall specific questions related to personal safety and risk of self-harm. The Auditor also engaged classification staff to discuss how these screenings are implemented in practice.

Provision (b): Timing and Tool of Initial Screening

Policy 108.0 affirms GCDC's commitment to conducting risk screenings within 72 hours of admission using an objective screening tool approved by the Director and PREA Coordinator. This process is primarily carried out by medical staff.

The Pre-Audit Questionnaire (PAQ) indicated that during the past twelve months, the facility achieved full compliance with the requirement to conduct initial screenings within 72 hours of admission. Specifically, all 1,100 individuals who were admitted and remained in custody for at least 72 hours underwent the screening process within the mandated timeframe. To validate this self-reported compliance, the Auditor reviewed a randomly selected sample of inmate files drawn from the complete facility roster. The sample was intentionally composed to reflect demographic diversity, including variations in age, gender, race, and classification status. Each file reviewed contained clear, dated documentation confirming that the initial screening was completed within the prescribed 72-hour window. This consistent documentation supported the PAQ's assertion of 100% compliance.

Those interviewed uniformly confirmed that they were questioned about sexual abuse and harassment risk shortly after arrival, mostly stating the screening occurred on their first day.

Provision (c): Follow-Up Screening and Scoring

Individuals flagged during the initial screening are referred to mental health professionals for further assessment. These follow-up evaluations occur within 30 days and take into account additional safety considerations and potential treatment needs.

The Auditor reviewed records confirming that reassessments had been completed in a timely manner. The screening instrument used by the facility includes a weighted scoring system aligned with PREA requirements.

Provision (d): Screening Instrument Content

The instrument used at GCDC includes all required elements, such as:

- Sexual orientation and gender identity
- History of sexual abuse (both in custody and in the community)
- History of sexual abusiveness
- Perceived vulnerability
- Concerns of being approached or pressured for sexual acts
- Familiarity with prison environments
- Previous incarceration and criminal history
- Notations by assessors based on observed or known concerns

- These elements were confirmed through document review and discussion with classification staff.

Provision (e): Review of Classification Process

During interviews, classification officers were able to articulate the complete classification process, including how screening outcomes influence decisions about housing, programming, and placement.

Provision (f): Reassessment Within 30 Days

The PAQ indicated that within the previous 12 months, all individuals held for longer than 30 days—120 in total—were reassessed within the required 30-day window. This was confirmed through a detailed review of randomly selected inmate records. Staff across shifts had documented these assessments, demonstrating compliance with both policy and standard.

Interviewees recalled being reassessed within a few weeks of arrival, which aligned with the documentation in their files.

Provision (g): Reassessment Based on New Information

Classification staff reported that risk reassessments are triggered not only by the 30-day window but also by notable incidents, referrals, requests, or the emergence of new information affecting risk or vulnerability.

Provision (h): Voluntary Participation

It was made clear by all staff interviewed that individuals are not required to answer screening questions and are not penalized for choosing not to respond. Staff take a trauma-informed approach to these conversations, focusing on education and voluntary disclosure.

Provision (i): Confidentiality of Screening Information

Access to sensitive classification and screening data is restricted to authorized personnel only. During interviews, both the PCM and classification staff confirmed that this information is shared exclusively on a need-to-know basis and used solely for decisions related to safety, housing, treatment, and program assignments.

CONCLUSION

After a thorough review of policies, documentation, and inmate records, as well as interviews and on-site observations, the Auditor has determined that the Georgetown County Detention Center is in full compliance with PREA Standard §115.41. The intake and screening processes are well-structured, trauma-informed, and consistently implemented.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor conducted a comprehensive review of materials to assess Georgetown County Detention Center’s (GCDC) policies, procedures, and practices for housing and classifying transgender and intersex individuals. The review began with the facility’s completed Pre-Audit Questionnaire (PAQ) and its extensive set of supporting documents. These materials included the GCDC Policy and Procedure Manual, which details institutional guidelines and operational directives. Specific policies examined were:</p> <ul style="list-style-type: none"> • Chapter 100 – Agency Administration, Management and Training: Policy 108.0, Prison Rape Elimination Act (effective January 1, 2018) • Chapter 200 – Admission/Booking: Policy 200.0, Legality of Commitment (dated January 1, 2018) and Policy 204.0, Intake Screening for Risk of Sexual • Victimization or Perpetration/Transgender Inmates (dated January 1, 2018) • Chapter 300 – Classification: Policy 300.0, Inmate Classification/Reclassification (dated January 1, 2018) and Policy 301.0, Administrative Separation (Special • Management, Protective Custody, Medical/Mental Health Observation) (dated January 1, 2018) • The review also included inmate records containing classification assessments and housing determinations, allowing the Auditor to confirm that procedures aligned with documented policy. <p>INTERVIEWS</p> <p>PREA Coordinator (PC)</p> <p>In interviews, the PREA Coordinator explained that while the facility begins gender identification with a review of the legal sex designation, this is not the sole determinant in housing or classification. Each person’s placement is decided through a case-by-case analysis that considers both personal safety and institutional security. The PC clarified that neither the Georgetown County Sheriff’s Office nor GCDC operates under any consent decree, court order, or settlement requiring specialized housing for LGBTI individuals. Instead, individuals who identify as LGBTI are generally housed within the general population, unless specific safety concerns warrant alternative arrangements. Such decisions are made collaboratively, involving the individual and relevant staff members.</p> <p>Staff Responsible for Risk Screening</p> <p>Staff members tasked with conducting intake screenings described a process that combines structured assessment tools with direct, respectful dialogue. This approach ensures that individuals’ concerns, self-identified vulnerabilities, and personal safety</p>

perceptions are central to housing and program decisions. Staff emphasized that the input of transgender and intersex individuals is given substantial weight, and all decisions are made individually. Reassessments occur at least every six months or sooner if circumstances change, such as after an incident affecting safety.

PREA Compliance Manager (PCM)

The PREA Compliance Manager reinforced the importance of these individualized assessments, explaining that they are key to preventing the co-housing of individuals at risk of victimization with those deemed aggressive. The PCM highlighted that for transgender and intersex inmates, staff pay close attention to self-reported threats, known enemies, and other safety concerns disclosed during intake or follow-up interviews.

Transgender Inmates

At the time of the on-site audit, there were no transgender individuals in custody; therefore, no inmate interviews were conducted under this standard.

PROVISIONS

Provision (a) - Use of Screening Information for Placement Decisions

Risk screening outcomes directly inform housing, work assignments, educational opportunities, and program participation. The PCM confirmed that each assessment is factored into placement decisions, with the primary goal of separating individuals vulnerable to sexual victimization from those with a history of sexual aggression. A review of inmate files supported that decisions aligned with assessment findings. Policies 300.0 and 204.0 require classification to be a deliberate, documented process, with screenings completed within 72 hours of arrival and results sent to classification officers for action.

Provision (b) - Case-by-Case Determination for All Inmates

Every housing or program assignment is based on an individualized review of the person's needs, concerns, and risks—not on predetermined categories. Policy 108.0 establishes that risk assessments at intake use an objective, approved tool, while Policy 204.0 directs that results guide placement in a manner that prioritizes safety and security.

Provision (c) - Case-by-Case Placement for Transgender and Intersex Individuals

The facility does not assign housing solely on the basis of genital status or gender assigned at birth. Decisions are guided by safety, dignity, and individual assessment. Staff interviews confirmed that the individual's perspective on their own safety is integral to the decision-making process. Policies 204.0 and 301.0 affirm that these determinations are always made individually and with meaningful consideration of the person's input.

Provision (d) - Reassessment of Placement and Programming

Transgender and intersex placements are reviewed at least every six months or sooner if needed. Policy 204.0 also requires reassessment within 30 days of arrival.

	<p>The PREA Coordinator is promptly notified of any housing change impacting safety, and such changes are documented.</p> <p>Provision (e) - Serious Consideration of Safety Concerns Self-reported safety concerns are taken seriously and factored directly into placement decisions. Staff stressed that these perspectives are a primary consideration in classification and program assignments, in line with policy directives.</p> <p>Provision (f) - Access to Private Showering Facilities The facility ensures that transgender and intersex individuals have access to private shower options. Privacy screens are available in housing unit showers, and alternate shower times are offered upon request. Interviews confirmed that these accommodations are offered respectfully and without unnecessary barriers.</p> <p>Provision (g) - No Dedicated LGBTI Housing Units GCDC does not operate dedicated housing for LGBTI individuals. All placement decisions are based on individual risk assessments rather than sexual orientation, gender identity, or expression. Rosters reviewed by the Auditor confirmed that LGBTI individuals are housed in general population units.</p> <p>CONCLUSION The Auditor's review of documentation, inmate records, and staff interviews confirmed that GCDC meets all PREA requirements regarding the use of screening information and housing determinations for transgender and intersex individuals. Policies and practices reflect a consistent, safety-driven, and individualized approach, with decisions grounded in both objective assessment results and the personal perspectives of those in custody.</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW To assess compliance with PREA Standard §115.43, the Auditor engaged in a detailed and methodical review of the facility's governing policies, operational practices, and corroborating records. This process began with an examination of the completed Pre-Audit Questionnaire (PAQ) and was supported by an in-depth analysis of Chapter 100 – Agency Administration, Management and Training: Policy 108.0, Prison Rape Elimination Act (effective January 1, 2018).</p> <p>These key documents formed the backbone of the assessment, providing the framework for determining whether the facility appropriately restricts the use of segregated housing for individuals identified as being at risk of sexual victimization and ensures that protective custody is not employed as a default safety measure. The</p>

review also encompassed policies under Chapter 300: Classification Policy 301, which detail procedural safeguards designed to limit involuntary segregation and guarantee that alternative housing options are fully explored before such placements occur.

INTERVIEWS

Facility Head or Designee

During an extensive interview, the Facility Head explained that every placement into segregated housing—regardless of the underlying reason—is fully documented and subject to ongoing oversight. The facility conducts formal reviews of each placement at least once every thirty days to confirm the continued necessity and appropriateness of the housing assignment. This process, aligned with both PREA standards and agency policy, ensures that segregation is never maintained longer than justified.

Staff Responsible for Segregated Housing Supervision

Through both formal interviews and informal discussions, housing unit staff reported with consistency that they have never observed nor participated in the involuntary placement of any individual into segregation solely because they were a victim of sexual abuse or feared retaliation. Staff responses demonstrated a clear grasp of PREA's intent, as well as a professional commitment to avoiding the misuse of segregation as a safety measure.

Individuals in Segregated Housing

At the time of the on-site audit, there were no individuals housed in segregation for reasons related to sexual victimization risk or previous abuse. All occupants were assigned to segregation for administrative or disciplinary reasons unrelated to PREA provisions.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that during the twelve months preceding the audit, there were no instances of involuntary protective custody and no cases where an individual was placed in segregation due to sexual victimization concerns. These statements were consistent with the PAQ and reinforced by staff and leadership interviews.

PROVISIONS

Provision (a)

The PAQ and facility leadership confirmed that the agency's policy strictly prohibits the involuntary placement of an individual at heightened risk for sexual victimization into segregation unless less restrictive alternatives have been evaluated and determined unsuitable. This requirement is clearly outlined in Classification Policy 301 and Policy 108.0. In any such rare instance, the Detention Center Director and PREA Coordinator must be involved in the assessment, and if an immediate evaluation cannot be completed, the individual may be placed in involuntary protective custody for no more than 24 hours pending the assessment.

Provision (b)

	<p>Consistent with both policy and practice, individuals in segregation for protection retain access to programming, work assignments, and educational opportunities unless there are specific, documented reasons for limiting such access. The Facility Head emphasized that such restrictions are never applied automatically. All limitations, when necessary, must be documented with justification, duration, and approval, and retained in the individual's confinement record.</p> <p>Provision (c)</p> <p>Within the past year, the facility has not housed any individual at risk for sexual victimization in involuntary segregation for more than thirty days while awaiting alternate housing. Facility records, interviews with the PCM, and leadership verification all confirmed this. The applicable policies mandate that every thirty days, the PREA Coordinator conducts a review to determine whether continued separation is necessary, forwarding recommendations to the Detention Center Director for written approval.</p> <p>Provision (d)</p> <p>The facility has not placed any individual in administrative or disciplinary segregation for longer than thirty days due to sexual victimization concerns or protective custody needs. Consequently, no interviews under this provision were required. When segregation does occur for other reasons, policies ensure that privileges and programming remain equivalent to those in general population unless security or safety concerns justify temporary restrictions, which must be documented in detail.</p> <p>Provision (e)</p> <p>The PAQ and PCM both confirmed that no protective custody placements occurred during the prior twelve months. Nevertheless, policy dictates that if such a placement were to extend beyond thirty days, the PREA Coordinator would reassess the case every thirty days and submit written recommendations for the Director's approval. These records would be provided to the individual concerned and maintained in their file.</p> <p>CONCLUSION</p> <p>Following a comprehensive review of policies, records, PAQ responses, and interviews with leadership and staff, the Auditor concludes that the facility fully complies with PREA Standard §115.43. The evidence demonstrates a strong organizational commitment to preventing the unnecessary use of involuntary segregated housing for individuals at risk of sexual victimization. Instead, decisions are guided by a deliberate, policy-driven process that prioritizes less restrictive alternatives, ensures continuous oversight, and maintains access to privileges and programs. The culture within the facility reflects informed staff, engaged leadership, and meticulous documentation practices, all working together to uphold the intent and requirements of the PREA standards.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

The Auditor began the compliance review by conducting a comprehensive examination of the materials submitted by Georgetown County Detention Center (GCDC) prior to the on-site visit. These materials included the facility’s completed Pre-Audit Questionnaire (PAQ) with all supporting documentation, which provided an initial overview of GCDC’s compliance with PREA inmate reporting standards. The following policies, procedures, and resources were reviewed in detail:

- GCDC Policies and Procedures, Chapter 100 – Agency Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, effective January 1, 2018.
- GCDC Policies and Procedures, Chapter 200 – Inmate Intake and Booking, Policy 207.0, Inmate Handbook and Orientation Training, dated January 1, 2018.
- GCDC Policies and Procedures, Chapter 200 – Admission/Booking, Policy 200.0, Legality of Commitment, dated January 1, 2018.
- PREA Inmate Handout, 2024 edition.
- Memorandum of Understanding (MOU) between GCDC and the Rape Crisis Center of Horry & Georgetown Counties.
- PREA Posters in both English and Spanish, displayed throughout the facility.

OBSERVATIONS

During the on-site visit, the Auditor observed that GCDC had made PREA information highly visible, accessible, and linguistically inclusive. Educational posters outlining the facility’s zero-tolerance policy toward sexual abuse and harassment—along with clear instructions on how to report such incidents—were prominently displayed in English and Spanish across multiple areas of the facility. These included all housing units, dayrooms, hallways, the intake and holding areas, the dining hall, and other common spaces.

In addition, the Auditor inspected inmate telephones throughout the housing units and verified they were in proper working condition. These phones were available for daily use and allowed direct, toll-free calls to the WV FRIS hotline, an external agency contracted to provide confidential advocacy services.

INTERVIEWS

PREA Compliance Manager (PCM)

In a detailed discussion, the PCM confirmed that GCDC offers inmates multiple, well-publicized methods to report sexual abuse, sexual harassment, retaliation, or staff misconduct. These methods include direct verbal or written reports to staff, anonymous hotline calls to WV FRIS, and written communication to the State PREA Director. The PCM emphasized that inmates receive this information during their orientation, in the Inmate Handbook, and through posted materials in all living areas.

Random Staff

Staff members interviewed consistently demonstrated familiarity with PREA reporting requirements. All indicated they would immediately forward any allegation to a supervisor and ensure proper documentation. They identified several inmate reporting avenues, including direct verbal reports, use of the external hotline, submission of written grievances, and third-party reports through family members. Staff also confirmed they themselves have confidential options for reporting suspected or known sexual abuse involving inmates, including direct communication with the PCM, the State PREA Director, or WV FRIS.

Random Inmates

Inmate interviews revealed a high degree of awareness about available reporting methods. Individuals could clearly identify multiple options, such as speaking directly with staff, using the toll-free hotline, contacting family members to make a report, submitting written correspondence, or speaking with the PCM. Several mentioned the ability to “write to the address on the poster.” Many expressed they would first approach a staff member in person. Inmates also demonstrated awareness of the external victim advocacy agency, which they understood could provide counseling and support services independent of the facility.

PROVISIONS

Provision (a)

The PAQ, supported by the PCM’s statements, confirmed that GCDC provides inmates with several internal avenues for privately reporting incidents of sexual abuse, sexual harassment, retaliation, or staff misconduct. The primary external method involves the WV FRIS toll-free hotline (1-800-656-HOPE), which is confidential and available at no cost.

GCDC’s Policy 108.0 outlines the following reporting options:

- Direct verbal or written reports to any staff, contractor, volunteer, or outside party without fear of retaliation. Staff receiving such reports must complete an Incident Report and forward it immediately to the on-duty supervisor, who then ensures it is sent to the PREA Coordinator.
- Grievance submission following Policy 701.0 (Inmate Grievance System) or messages through the commissary kiosk. These are forwarded to the PREA Coordinator for investigation.
- Use of the inmate phone system to contact an approved outside party (per a formal agreement) to report incidents. Written instructions with contact details are posted near all inmate phones.
- Language access for non-English-speaking inmates via the county’s contracted Language Line service, with staff trained on its use.

The PREA Inmate Handout (2024) reinforces these methods, adding:

- Anonymous or named reporting to the Rape Crisis Center of Horry & Georgetown Counties via free inmate phone calls.
- Third-party reporting by family or friends through phone or mail.
- Staff interviews confirmed they accept reports by any means and forward them for investigation. Inmates verified their awareness of multiple reporting options, including hotlines, staff contact, family assistance, and written correspondence.

Provision (b)

GCDC provides inmates with at least one method to report allegations to an outside entity unconnected to the facility or Sheriff's Office. The formal MOU with the Rape Crisis Center of Horry & Georgetown Counties ensures advocacy, counseling, and confidential reporting through the WV FRIS hotline.

Phones tested during the tour were functional, and hotline instructions were posted in English and Spanish. Inmates demonstrated awareness of the external agency's services. GCDC confirmed it does not hold inmates solely for civil immigration purposes.

Provision (c)

All employees receive training to accept and act upon reports of sexual abuse or harassment, whether verbal, written, anonymous, or third-party. Policy 108.0 specifies that:

- Any outside or third party—such as a fellow inmate, family member, friend, attorney, or chaplain—may report directly to the PREA Coordinator by phone, in writing, or in person.
- The alleged victim must consent for the report to be processed; refusal is documented.
- Written information on filing reports is distributed via a public brochure, The Prison Rape Elimination Act: Important Information for Family Members, Friends and Visitors, available in the detention center lobby and to contractors and volunteers.
- All inmates interviewed indicated they were aware of the ability to report both in person and in writing.

Provision (d)

GCDC offers staff confidential ways to report suspected or confirmed incidents of inmate sexual abuse or harassment. These include reporting directly to supervisors, the PCM, the State PREA Director, or WV FRIS. Staff may also submit anonymous reports to the PREA Coordinator, the PCM, or the Georgetown County Sheriff's Office. Staff interviews confirmed their understanding of these options.

CONCLUSION

	Based on a thorough review of documentation, facility observations, and interviews with staff and inmates, the Auditor concludes that GCDC meets all requirements of the standard related to inmate and staff reporting. The facility has established multiple, accessible, and confidential avenues for reporting, maintains strong partnerships with external advocacy organizations, and ensures both staff and inmates are educated on their rights and responsibilities under PREA. No corrective action is required.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate Georgetown County Detention Center's (GCDC) adherence to PREA Standard §115.52 – Exhaustion of Administrative Remedies, the Auditor undertook a comprehensive and multi-layered review of policies, records, and practical application. The process began with a close examination of facility documentation, including investigative case files, and extended to on-site interviews with both facility staff and individuals in custody. This approach ensured that the Auditor could assess not only the written requirements but also the lived experience of the grievance process as it pertains to allegations of sexual abuse and sexual harassment.</p> <p>The following materials formed the foundation of this review:</p> <ul style="list-style-type: none"> • The facility's completed Pre-Audit Questionnaire (PAQ) and associated supporting materials. • GCDC Policies and Procedures, Chapter 100 – Agency Administration, Management and Training, specifically Policy 108.0 – Prison Rape Elimination Act, effective January 1, 2018. • GCDC Policies and Procedures, Chapter 200 – Admission/Booking, specifically Policy 200.0 – Legality of Commitment, effective January 1, 2018. • GCDC Policies and Procedures, Chapter 700 – Programs and Services, specifically Policy 701.0 – Inmate Grievances, effective January 1, 2018. • Review of internal investigation records documenting allegations of sexual abuse that were initiated through the facility's grievance system, including all related reports, investigative notes, and outcomes. <p>INTERVIEWS</p> <p>Random Staff</p> <p>Interviews with randomly selected staff confirmed a consistent understanding of the grievance process for PREA-related allegations. Staff members reported that sexual abuse and sexual harassment are explicitly recognized as grievable issues. They explained that individuals in custody can use the formal grievance process in addition</p>

to multiple other reporting avenues. All staff interviewed demonstrated familiarity with both the timelines and procedural safeguards embedded in PREA requirements.

Random Inmates

Conversations with randomly selected incarcerated individuals revealed an equally consistent awareness of the grievance process for reporting sexual abuse and harassment. Interviewees were able to describe, in their own words, how to file a grievance related to such matters. They also confirmed that these grievances can be submitted without identifying themselves, offering the option of anonymity to those who fear retaliation or stigma.

PROVISIONS

PROVISION (a)

The PAQ confirmed that GCDC maintains a formal, clearly documented administrative process for filing grievances regarding sexual abuse and harassment. Within the past year, one grievance of this type was reported.

Under Policy 108.0 – Prison Rape Elimination Act (Chapter 100, p. 10, Section A.2), individuals may submit grievances in accordance with Policy 701.0 – Inmate Grievance System and may also submit reports through the commissary kiosk messaging platform. All PREA-related grievances are immediately routed to the facility’s PREA Coordinator for review and follow-up.

Interviewed individuals confirmed their awareness of the ability to file a grievance regarding sexual abuse, including when facing imminent risk. Although none reported having filed such a grievance, several expressed they would be more likely to directly report to staff due to speed of response, while others cited the facility’s hotline as an available option.

PROVISION (b)

Policy 701.0 – Inmate Grievances (Chapter 700, p. 3, Section 4.B) waives all time limits for filing PREA-related grievances. This acknowledges the sensitive nature of such allegations and the possibility of delayed disclosure.

Furthermore, page 6 of the policy specifies that informal resolution is not a prerequisite for submitting a formal grievance concerning sexual abuse or harassment. These grievances bypass routine channels and are sent directly to the Facility Head and PREA Coordinator.

PROVISION (c)

To maintain fairness and protect the integrity of the process, Policy 701.0 (Chapter 700, p. 6) prohibits referring a grievance alleging sexual abuse or harassment to the staff member named in the complaint. This safeguard ensures impartiality in both review and investigation.

PROVISION (d)

The grievance policy provides GCDC up to 90 calendar days from the filing date to respond to the merits of a complaint. This period excludes the time an individual spends preparing or submitting an administrative appeal (Policy 701.0, p. 6).

During on-site review, the Auditor examined a grievance-initiated investigation. The case file demonstrated that the facility adhered to the mandated response timeframe, affirming procedural compliance.

PROVISION (e)

Third-party grievances are explicitly allowed under Policy 701.0, p. 6. Third parties—such as other incarcerated individuals, staff, attorneys, family members, or outside advocates—may assist with or directly file grievances on behalf of an individual.

If a third-party grievance is filed, the facility may request written confirmation from the alleged victim to proceed. The individual may be asked to participate in the grievance process or, if choosing not to move forward, provide written confirmation of that decision. All related documentation is maintained by the PREA Coordinator to ensure proper recordkeeping.

PROVISION (f)

Emergency grievances alleging a substantial risk of imminent sexual abuse receive immediate priority. Under Policy 701.0, p. 7, these are routed without delay to the Facility Head and PREA Coordinator—or, if unavailable, the highest-ranking staff member on duty. No emergency grievance is ever referred to a staff member who is the subject of the allegation.

Staff interviews confirmed familiarity with these protocols and the urgency required when handling such cases. Supervisory personnel emphasized that these matters are addressed as top-priority. The facility reported no emergency grievances of this nature within the past year.

PROVISION (g)

According to Policy 701.0, p. 7, disciplinary action for filing a PREA-related grievance is only imposed if the grievance is determined to have been submitted in bad faith. This policy protects the right to report legitimate allegations while discouraging abuse of the process.

GCDC reported that in the past year, no individuals were disciplined for filing a PREA-related grievance in bad faith.

CONCLUSION

Through detailed review of written policy, investigative files, and the testimony of staff and incarcerated individuals, the Auditor found Georgetown County Detention

	Center to be in full compliance with PREA Standard §115.52 – Exhaustion of Administrative Remedies. The facility’s policies not only meet the letter of the standard but are also supported by consistent, documented practice, ensuring both accessibility and integrity of the grievance process for PREA-related allegations.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>In assessing the Georgetown County Detention Center’s (GCDC) compliance with PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services, the Auditor conducted a comprehensive review of documentation, policies, facility practices, interviews, and on-site observations.</p> <p>The following materials were reviewed as part of this evaluation:</p> <ul style="list-style-type: none"> • GCDC Pre-Audit Questionnaire (PAQ) and supporting documentation • GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training, Policy 108.0 – Prison Rape Elimination Act, effective January 1, 2018 • GCDC Policies and Procedures, Chapter 200: Inmate Intake and Booking, Policy 207.0 – Inmate Handbook and Orientation Training, dated January 1, 2018 • A Memorandum of Understanding (MOU) between GCDC and the Rape Crisis Center of Horry and Georgetown Counties • Facility PREA informational posters <p>OBSERVATIONS</p> <p>During the on-site audit, the Auditor toured all housing units and common areas of the facility. PREA-related materials were prominently displayed throughout the institution in both English and Spanish. These included posters outlining inmates’ rights under the Prison Rape Elimination Act, as well as detailed instructions on how to report sexual abuse and access outside support services. Notably, contact information for the PREA Hotline and the Rape Crisis Center of Horry and Georgetown Counties was posted directly beside inmate telephones for easy access.</p> <p>The Auditor personally tested several inmate telephones and confirmed they were operational. A call was placed to the external victim services agency, and the Auditor successfully connected with a trained advocate. The call was toll-free and did not require any personally identifying information. The advocate confirmed that conversations are confidential, barring certain mandatory reporting exceptions. This</p>

confirmed the facility's commitment to ensuring access to outside, confidential support services.

INTERVIEWS

Randomly Selected Inmates

In interviews with randomly selected individuals in custody, every participant demonstrated knowledge of the Rape Crisis Center of Horry and Georgetown Counties and its role in providing emotional support, crisis intervention, and advocacy services related to sexual abuse or harassment. All interviewees confirmed they had received the center's contact information, including a toll-free phone number and mailing address. They were also aware that phone calls to the organization were confidential and free of charge. Moreover, they displayed a solid understanding of the limits of confidentiality, acknowledging that disclosures involving self-harm, threats to others, or criminal activity would result in mandatory reporting.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed that GCDC has a signed Memorandum of Understanding with the Rape Crisis Center of Horry and Georgetown Counties. The MOU ensures that trained victim advocates are available to support incarcerated individuals during forensic medical exams and investigative interviews. The PCM explained that advocates also conduct follow-up contacts to help ensure emotional support and aftercare services remain in place following an incident.

Intermediate or Higher-Level Staff

Through interviews with supervisory and frontline staff, the Auditor confirmed that staff perform routine checks of inmate phones to ensure they remain in working order. Staff acknowledged that access to outside resources—such as the Rape Crisis Center of Horry and Georgetown Counties—is a vital component of the facility's overall sexual safety framework. They emphasized the importance of making confidential support available to individuals who may be vulnerable or traumatized.

PROVISIONS

Provision (a)

According to the PAQ, all individuals admitted to GCDC—2,415 during the past twelve months—received information at intake concerning the facility's zero-tolerance policy toward sexual abuse and harassment, as well as how to report incidents or suspicions. Intake staff verified this information during interviews, confirming that every new arrival receives PREA orientation materials prior to housing assignment.

The Auditor conducted interviews with twenty randomly selected inmates, all of whom confirmed they had received PREA information within 24 hours of arrival. This included written materials and verbal guidance on reporting mechanisms and support services. Additionally, a review of 33 inmate education records demonstrated that 100% had received PREA orientation materials upon intake within the 24-hour window.

GCDC's Policy 108.0 (p. 16, Section 11.C) explicitly allows incarcerated individuals to request the presence of a victim advocate, qualified staff member, or contracted support organization during forensic medical examinations or investigative interviews. The policy further allows individuals to request emotional support, crisis intervention, and referrals for additional services. These services may be accessed through confidential mail, telephone, or hotline. The facility informs individuals prior to contact about the extent to which such communications may be monitored in accordance with state and federal reporting laws.

In interviews, incarcerated individuals indicated they were aware of how to reach out for support and clearly understood that some information—such as disclosures involving safety or ongoing abuse—might be shared with facility staff in compliance with mandatory reporting requirements. All confirmed that calls to the external agency are confidential and free of charge, and many cited PREA posters and training as key sources of this knowledge.

During the Auditor's walkthrough, PREA posters were visible in all housing units and common spaces. These materials—including artwork and signage in English and Spanish—reinforce inmates' right to report sexual abuse and seek assistance, including from external support providers. The Inmate Handbook also contains this information, making it readily accessible at multiple points during incarceration.

Provision (b)

According to the PAQ, 120 individuals with stays longer than 30 days were admitted during the previous 12-month period, and 100% received Comprehensive PREA Education. This education includes training on:

- The right to be free from sexual abuse and sexual harassment
- The right to be free from retaliation
- GCDC's zero-tolerance policy
- The PREA video "Discussing the Prison Rape Elimination Act"
- Reporting options and procedures

These details were verified by intake staff during interviews and were consistent with the Auditor's review of documentation.

Policy 108.0 (p. 17, Section 11.C) echoes this practice by stating the facility must inform individuals prior to providing them with service provider contact information about the potential for communications to be monitored due to legal reporting obligations.

In interviews, all participants stated they were informed of the limits of confidentiality and understood that certain information disclosed to support providers could be shared with facility staff for security or investigative purposes. The PCM also confirmed this and stated that both staff and outside advocates are trained to inform individuals of mandatory reporting laws before any disclosure takes place.

Provision (c)

	<p>The facility reported via the PAQ that it maintains a Memorandum of Understanding with a qualified community organization that provides emotional support services to survivors of sexual abuse. A copy of the MOU with the Rape Crisis Center of Horry and Georgetown Counties was reviewed by the Auditor and confirmed the partnership.</p> <p>As noted in Provision (a), facility policy mandates that all individuals receive intake and orientation materials—including PREA-specific content—before they are assigned to a housing unit. This requirement applies equally to new admissions and to those transferred from other facilities. Interviews with intake staff confirmed that providing this information is a mandatory component of the intake process.</p> <p>CONCLUSION</p> <p>After reviewing all available documentation, conducting a facility tour, and interviewing both staff and individuals in custody, the Auditor finds that Georgetown County Detention Center is fully compliant with PREA Standard §115.53 – Inmate Access to Outside Confidential Support Services. GCDC has demonstrated a clear commitment to providing incarcerated individuals with confidential access to qualified victim advocacy services through a community-based partnership. The facility also ensures proper education, awareness, and staff training surrounding reporting mechanisms and support services.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the audit process to assess compliance with the Prison Rape Elimination Act (PREA), the Auditor thoroughly reviewed a range of documentation provided by the Georgetown County Detention Center (GCDC). This review included the facility’s completed Pre-Audit Questionnaire (PAQ), along with associated supporting materials. Central to this analysis was the facility’s internal policy framework, specifically GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training, Policy 108.0, titled Prison Rape Elimination Act, which has been in effect since January 1, 2018. This policy outlines the facility’s commitment to PREA compliance and the detailed mechanisms it employs to ensure incarcerated individuals are protected from sexual abuse and sexual harassment.</p> <p>INTERVIEWS</p> <p>Randomly Selected Inmates</p> <p>During the onsite portion of the audit, the Auditor conducted confidential interviews with a diverse sample of randomly selected individuals currently housed at the</p>

facility. These interviews were aimed at gauging resident awareness and understanding of PREA reporting procedures, particularly third-party reporting mechanisms.

The individuals interviewed consistently demonstrated an understanding of how third-party reporting works. Many were able to accurately describe that family members, friends, attorneys, chaplains, and other individuals outside the facility could submit a report of sexual abuse or harassment on their behalf. Residents expressed a high level of confidence in these systems and indicated they would not hesitate to rely on such options should the need arise. This response suggests that the facility's educational efforts—through PREA postings, printed brochures, and visible signage—have been effective in delivering clear, accessible information to the population it serves.

PROVISIONS

Provision (a):

According to the PAQ and supporting documentation, the facility ensures multiple avenues are available for third parties to report allegations of sexual abuse or harassment. These mechanisms are clearly described on the agency's public-facing website and reinforced through posted notices and facility educational materials.

GCDC's Policies and Procedures, under Chapter 100: Agency Administration, Management and Training, Policy 108.0 (Prison Rape Elimination Act), effective January 1, 2018, clearly outlines the procedures and expectations surrounding third-party reporting. Specifically, the policy states:

- Any individual not housed at the facility—including but not limited to friends, family members, fellow inmates, attorneys, or clergy—may report a PREA-related incident. These reports can be submitted directly to the PREA Coordinator via telephone, written correspondence, or in-person communication.
- When a third party initiates a report, the PREA Coordinator may, as a condition of proceeding with an investigation, require the alleged victim to affirm their willingness to have the report submitted on their behalf. Should the individual decline, the PREA Coordinator will document the refusal in accordance with facility policy.
- To ensure transparency and promote awareness, the PREA Coordinator or their designee is responsible for distributing written guidance that outlines how third parties may report allegations of sexual abuse or harassment. This is accomplished through a brochure titled *The Prison Rape Elimination Act: Important Information for Family Members, Friends and Visitors*. These brochures are readily available in the detention center's public lobby area and are also distributed to all contractors and volunteers at the time of their initial orientation. Additionally, the PREA Coordinator and Detention Center Director may post PREA-related information on the detention center's website when available. Documentation confirming the public distribution of PREA materials

	<p>is maintained by the PREA Coordinator.</p> <p>Beyond the policy itself, the facility demonstrates a proactive approach to educating the public and incarcerated population about third-party reporting options. Informational brochures are available in both English and Spanish and are displayed in accessible areas such as the lobby. Clear signage across the facility reinforces the agency's zero-tolerance stance toward sexual abuse and harassment. Furthermore, detailed instructions for submitting a third-party PREA report are posted publicly on the facility's official website: https://www.gcsheriff.org/enforcement-division/detention-center/prea/</p> <p>CONCLUSION</p> <p>Based on a comprehensive review of facility policy, supporting documentation, publicly accessible materials, and interviews with incarcerated individuals, the Auditor has determined that Georgetown County Detention Center meets all requirements under this provision of the standard. The facility has implemented clear procedures, maintained transparency with the public, and ensured that individuals in custody are both aware of and confident in the third-party reporting process. As such, the GCDC is found to be in full compliance with this PREA standard regarding third-party reporting.</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the comprehensive audit process, the Auditor conducted a detailed review of documentation submitted by the Georgetown County Detention Center (GCDC). Key materials included the facility's completed Pre-Audit Questionnaire (PAQ) and a wide range of supporting documents. Of particular importance was the facility's internal guidance, specifically Chapter 100: Agency Administration, Management and Training, Policy 108.0: Prison Rape Elimination Act, which has been in effect since January 1, 2018. This policy provides the foundational framework for GCDC's PREA compliance strategy, outlining responsibilities, reporting procedures, confidentiality protocols, and mandatory staff actions in cases involving sexual abuse or harassment.</p> <p>INTERVIEWS</p> <p>PREA Coordinator (PC)</p> <p>During an in-depth interview, the PREA Coordinator affirmed the facility's unwavering commitment to compliance with PREA standards. The coordinator emphasized that all</p>

allegations—whether reported anonymously or by third parties—are treated seriously and acted upon immediately. Once received, each report is swiftly referred to the facility’s designated investigator to ensure a timely, coordinated, and professional response. The coordinator’s statements reflected a clear understanding of both policy requirements and ethical obligations to protect individuals in custody.

Medical Staff

Interviews with medical personnel revealed a strong and consistent understanding of their role in responding to disclosures of sexual abuse. Staff were able to clearly articulate the steps they would take if an individual in custody were to disclose such an incident. Immediate notification to the appropriate authorities was identified as a standard response. Additionally, medical professionals consistently acknowledged their duty to inform patients at the outset of treatment about the limitations of confidentiality. This ensures that individuals are fully aware that certain information may be shared in accordance with legal and ethical reporting requirements.

Facility Head or Designee

The Facility Head demonstrated a comprehensive understanding of both the legal and internal policy mandates concerning the reporting of sexual abuse and harassment. It was affirmed that every staff member is required to report immediately any knowledge, suspicion, or direct disclosure related to sexual misconduct. This includes not only incidents occurring within GCDC but also those involving other facilities under the agency’s jurisdiction. Furthermore, the Facility Head emphasized staff obligations to report any perceived acts of retaliation or neglect in connection with sexual abuse incidents, underscoring the facility’s zero-tolerance approach.

Random Staff

Randomly selected staff members consistently exhibited a high level of awareness regarding their reporting obligations under PREA. Without exception, staff indicated they would immediately notify their supervisor or the PREA Compliance Manager (PCM) upon learning of an allegation. Staff members also understood and respected confidentiality standards, indicating they would only share information with personnel who have a legitimate need to know, such as medical professionals or investigators. All staff (100%) confirmed that any PREA-related concern would be routed directly to the PCM for proper handling and coordination with investigative authorities.

PROVISIONS

Provision (a): Immediate Staff Reporting Duties

GCDC’s internal policy (Chapter 100, Policy 108.0, p. 11, B, 1) mandates that any employee who has knowledge, suspicion, or information regarding an incident of sexual abuse or harassment—whether it occurred at GCDC or another agency-operated facility—must report the matter immediately to their direct supervisor. This includes knowledge of retaliation against someone who has reported sexual abuse, or awareness of staff neglect or policy violations that may have contributed to an

incident. The employee must submit an Incident Report to their supervisor, who in turn is responsible for forwarding it directly to the PREA Coordinator. The Coordinator maintains these reports for documentation and oversight purposes. If the supervisor is the subject of the report, staff are permitted to escalate the concern to the next supervisory level.

Interview Findings: All interviewed staff were fully aware of this policy and were able to clearly describe the immediate steps they would take to report an allegation. Staff also affirmed their understanding of the confidentiality requirement, noting that sensitive information should only be disclosed to authorized individuals.

Provision (b): Information Disclosure Limits

Per GCDC Policy 108.0 (p. 11, B, 2), staff, contractors, and volunteers are strictly prohibited from sharing any information related to a sexual abuse report except as necessary to facilitate treatment, conduct investigations, or make informed security and management decisions. This policy reinforces the ethical duty of care and privacy owed to individuals in custody.

Interview Findings: All interviewed personnel (100%) affirmed their understanding of this requirement. They demonstrated a clear grasp of the confidentiality protocol and could explain the limits of information-sharing in compliance with the policy.

Provision (c): Confidentiality and Professional Standards

According to GCDC Policy 108.0 (p. 13, G), all information received about incidents of sexual abuse or harassment is to be treated as confidential. Disclosure is restricted to only those circumstances permitted under state law, professional licensure requirements, ethical guidelines, or the policy itself.

Interview Findings: Medical and mental health staff demonstrated a complete understanding of this provision. All individuals interviewed could articulate both their duty to report and their obligation to notify victims about the limits of confidentiality prior to delivering services. This practice ensures informed consent and transparency, even during sensitive interactions.

Provision (d): Reporting Abuse Involving Minors or Vulnerable Adults

GCDC Policy 108.0 (p. 12, D) establishes that any report of sexual abuse involving a person under the age of 18 must be immediately relayed to investigative authorities. The PREA Coordinator and/or Facility head are responsible for making this notification, followed by a written Incident Report. State law (S.C. Code of Law §63-7-310) also requires investigative authorities to immediately contact the South Carolina Department of Social Services in the county where the minor resides. The same procedure applies if the victim is classified as a vulnerable adult under state or local law.

Interview Findings: Both the Facility head and the PREA Compliance Manager confirmed their understanding of and adherence to this legal requirement. They stated that such reports are made without delay and in full compliance with

	<p>applicable reporting laws.</p> <p>Provision (e): Reporting and Investigation Chain of Command</p> <p>Once again, as outlined in Policy 108.0 (p. 11, B, 1), employees who learn of an incident or contributing factor related to sexual abuse or harassment must report the information immediately and complete an Incident Report. This report flows through a structured chain: from the reporting staff member to their supervisor, then to the PREA Coordinator, who maintains documentation and initiates the appropriate investigative response.</p> <p>Interview Findings: The PREA Compliance Manager confirmed that all allegations are consistently directed to their office and then relayed to agency investigators as required. This ensures accountability and timely investigation.</p> <p>CONCLUSION</p> <p>Following a thorough review of documentation, policy, and interview findings, the Auditor has determined that Georgetown County Detention Center meets all requirements under the standard pertaining to staff and agency reporting duties. Policies are clearly established, staff are well-trained and knowledgeable, and reporting mechanisms are operational and effective. The facility demonstrates a strong institutional commitment to protecting individuals in custody and complying with all PREA-related mandates.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the comprehensive audit process, the Auditor conducted a detailed review of documentation submitted by the Georgetown County Detention Center (GCDC). Key materials included the facility's completed Pre-Audit Questionnaire (PAQ) and a wide range of supporting documents. Of particular importance was the facility's internal guidance, specifically Chapter 100: Agency Administration, Management and Training, Policy 108.0: Prison Rape Elimination Act, which has been in effect since January 1, 2018. This policy provides the foundational framework for GCDC's PREA compliance strategy, outlining responsibilities, reporting procedures, confidentiality protocols, and mandatory staff actions in cases involving sexual abuse or harassment.</p> <p>INTERVIEWS</p> <p>PREA Coordinator (PC)</p>

During an in-depth interview, the PREA Coordinator affirmed the facility's unwavering commitment to compliance with PREA standards. The Coordinator emphasized that all allegations—whether reported anonymously or by third parties—are treated seriously and acted upon immediately. Once received, each report is swiftly referred to the facility's designated investigator to ensure a timely, coordinated, and professional response. The Coordinator's statements reflected a clear understanding of both policy requirements and ethical obligations to protect individuals in custody.

Medical Staff

Interviews with medical personnel revealed a strong and consistent understanding of their role in responding to disclosures of sexual abuse. Staff were able to clearly articulate the steps they would take if an individual in custody were to disclose such an incident. Immediate notification to the appropriate authorities was identified as a standard response. Additionally, medical professionals consistently acknowledged their duty to inform patients at the outset of treatment about the limitations of confidentiality. This ensures that individuals are fully aware that certain information may be shared in accordance with legal and ethical reporting requirements.

Facility Head or Designee

The Facility Head demonstrated a comprehensive understanding of both the legal and internal policy mandates concerning the reporting of sexual abuse and harassment. It was affirmed that every staff member is required to report immediately any knowledge, suspicion, or direct disclosure related to sexual misconduct. This includes not only incidents occurring within GCDC but also those involving other facilities under the agency's jurisdiction. Furthermore, the Facility Head emphasized staff obligations to report any perceived acts of retaliation or neglect in connection with sexual abuse incidents, underscoring the facility's zero-tolerance approach.

Random Staff

Randomly selected staff members consistently exhibited a high level of awareness regarding their reporting obligations under PREA. Without exception, staff indicated they would immediately notify their supervisor or the PREA Compliance Manager (PCM) upon learning of an allegation. Staff members also understood and respected confidentiality standards, indicating they would only share information with personnel who have a legitimate need to know, such as medical professionals or investigators. All staff (100%) confirmed that any PREA-related concern would be routed directly to the PCM for proper handling and coordination with investigative authorities.

PROVISIONS

Provision (a): Immediate Staff Reporting Duties

GCDC's internal policy (Chapter 100, Policy 108.0, p. 11, B, 1) mandates that any employee who has knowledge, suspicion, or information regarding an incident of sexual abuse or harassment—whether it occurred at GCDC or another agency-operated facility—must report the matter immediately to their direct supervisor. This

includes knowledge of retaliation against someone who has reported sexual abuse, or awareness of staff neglect or policy violations that may have contributed to an incident. The employee must submit an Incident Report to their supervisor, who in turn is responsible for forwarding it directly to the PREA Coordinator. The Coordinator maintains these reports for documentation and oversight purposes. If the supervisor is the subject of the report, staff are permitted to escalate the concern to the next supervisory level.

Provision (b): Information Disclosure Limits

Per GCDC Policy 108.0 (p. 11, B, 2), staff, contractors, and volunteers are strictly prohibited from sharing any information related to a sexual abuse report except as necessary to facilitate treatment, conduct investigations, or make informed security and management decisions. This policy reinforces the ethical duty of care and privacy owed to individuals in custody.

Provision (c): Confidentiality and Professional Standards

According to GCDC Policy 108.0 (p. 13, G), all information received about incidents of sexual abuse or harassment is to be treated as confidential. Disclosure is restricted to only those circumstances permitted under state law, professional licensure requirements, ethical guidelines, or the policy itself.

Provision (d): Reporting Abuse Involving Minors or Vulnerable Adults

GCDC Policy 108.0 (p. 12, D) establishes that any report of sexual abuse involving a person under the age of 18 must be immediately relayed to investigative authorities. The PREA Coordinator and/or Detention Center Director are responsible for making this notification, followed by a written Incident Report. State law (S.C. Code of Law §63-7-310) also requires investigative authorities to immediately contact the South Carolina Department of Social Services in the county where the minor resides. The same procedure applies if the victim is classified as a vulnerable adult under state or local law.

Interview Findings: Both the Facility Head and the PREA Compliance Manager confirmed their understanding of and adherence to this legal requirement. They stated that such reports are made without delay and in full compliance with applicable reporting laws.

Provision (e): Reporting and Investigation Chain of Command

Once again, as outlined in Policy 108.0 (p. 11, B, 1), employees who learn of an incident or contributing factor related to sexual abuse or harassment must report the information immediately and complete an Incident Report. This report flows through a structured chain: from the reporting staff member to their supervisor, then to the PREA Coordinator, who maintains documentation and initiates the appropriate investigative response.

Interview Findings: The PREA Compliance Manager confirmed that all allegations are consistently directed to their office and then relayed to agency investigators as

	<p>required. This ensures accountability and timely investigation.</p> <p>CONCLUSION</p> <p>Following a thorough review of documentation, policy, and interview findings, the Auditor has determined that Georgetown County Detention Center meets all requirements under the standard pertaining to staff and agency reporting duties. Policies are clearly established, staff are well-trained and knowledgeable, and reporting mechanisms are operational and effective. The facility demonstrates a strong institutional commitment to protecting individuals in custody and complying with all PREA-related mandates.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the audit process, the Auditor conducted a thorough review of all relevant documentation submitted by the Georgetown County Detention Center (GCDC). This included the facility's completed Pre-Audit Questionnaire (PAQ) and supporting documentation, as well as applicable agency policies and procedures. Specifically, the following documents were reviewed:</p> <ul style="list-style-type: none"> • GCDC Pre-Audit Questionnaire (PAQ) and all related materials • GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training, Policy 108.0 – Prison Rape Elimination Act, effective January 1, 2018 • GCDC Policies and Procedures, Chapter 200: Admission/Booking, Policy 200.0 – Legality of Commitment, dated January 1, 2018 <p>These documents provided insight into the agency's protocols for responding to allegations of sexual abuse or sexual harassment that occurred at other facilities, and the responsibilities of designated staff to notify the appropriate outside agency in a timely manner.</p> <p>INTERVIEWS</p> <p>Agency Head</p> <p>During an in-depth interview, the Agency Head confirmed that any report of sexual abuse, sexual harassment, or staff sexual misconduct received from another facility is treated seriously and investigated in accordance with GCDC's established procedures. The Agency Head emphasized that the agency maintains a zero-tolerance stance toward all forms of sexual abuse and harassment and complies with all requirements to ensure accountability and transparency.</p>

Facility Head

The Facility Head explained the process followed when a report is received involving an incident that occurred at another institution. If a report of sexual abuse or harassment is made by an incarcerated individual and the incident occurred at a different facility, the head of that facility or agency is notified promptly—within a maximum of 72 hours from the time the allegation is received. The Facility Head affirmed that all such reports are immediately assigned for investigation and properly documented.

PROVISIONS**Provision (a):**

GCDC reported on its PAQ that during the past 12-month audit review period, there were no incidents in which the facility needed to notify another agency about an allegation of sexual abuse.

However, the agency's policy framework does account for such situations. As outlined in GCDC Policies and Procedures, Chapter 200: Admission/Booking, Policy 200.0 – Legality of Commitment, dated January 1, 2018 (Page 2, Section F, Paragraph 4), if an individual discloses during the booking process that they were sexually abused at another institution, the booking officer must immediately notify a supervisor. The supervisor is then responsible for informing the PREA Coordinator, who subsequently advises the Detention Center Director. The Director is tasked with contacting the head of the facility or agency where the abuse allegedly occurred. This notification must be made as soon as possible and no later than 72 hours after the report is received. The PREA Coordinator is required to document the notification once it is completed.

Due to the absence of any such reports within the past year, there was no documentation available for the Auditor to review under this provision.

Provision (b):

This provision is closely related to Provision (a). During interviews conducted on-site, it was confirmed that no incarcerated individuals at GCDC reported having been sexually abused at another facility during the reporting period. Therefore, no notifications to outside facilities were required, and no additional documentation was available for review.

Provision (c):

As noted in the PAQ and confirmed during the audit, GCDC did not have any instances in the previous 12 months where a notification to another facility was necessary. Consequently, there was no documentation for this provision either.

Provision (d):

The procedures and requirements outlined in Provision (a) also apply to this provision. GCDC policy explicitly requires timely and documented notification to external agencies upon receiving reports of sexual abuse that occurred in another facility. The policy also designates clear lines of responsibility to ensure accountability and compliance with the PREA standard.

	<p>CONCLUSION</p> <p>Following a comprehensive review of facility policies, documentation, the PAQ, and interviews with key leadership personnel, the Auditor concludes that the Georgetown County Detention Center fully meets all requirements of this PREA standard related to the reporting of sexual abuse allegations to other confinement facilities. The agency has well-defined procedures in place, assigns appropriate responsibility, and enforces clear timelines for notification. No deficiencies were noted, and no corrective actions are required at this time.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>In preparation for determining compliance with PREA Standard §115.64 – Staff First Responder Duties, the Auditor conducted a comprehensive review of key documentation provided by the Georgetown County Detention Center (GCDC). This included the facility’s completed Pre-Audit Questionnaire (PAQ), supporting materials, and internal policy documents. Among the reviewed documents were the GCDC Policies and Procedures, Chapter 100 – Agency Administration, specifically Policy 108.0 titled Prison Rape Elimination Act, which became effective on January 1, 2018. The Auditor also reviewed the facility’s PREA training curriculum, which outlines first responder protocols, responsibilities, and scenario-based guidance for staff, volunteers, and contractors.</p> <p>INTERVIEWS</p> <p>Security Staff – First Responders</p> <p>Through individual interviews, security staff clearly communicated their roles and responsibilities as first responders in the event of a PREA-related incident. They demonstrated a solid understanding of their duties, crediting annual in-service training, ongoing on-the-job training, and frequent reinforcement during staff meetings for their preparedness. Security staff consistently described the steps they are required to take, including separating involved individuals, preserving potential evidence, and securing the incident location until an investigation team arrives. They emphasized the importance of confidentiality, safety, and adhering to established protocols without exception.</p> <p>Non-Security First Responders</p> <p>Non-security personnel, such as medical, administrative, and support staff, were also interviewed and effectively articulated the appropriate actions to take upon learning of a sexual abuse allegation. These individuals consistently reported that they would immediately notify custody staff, separate the alleged victim and perpetrator, instruct</p>

both parties not to take any actions that might compromise physical evidence, and ensure the scene remained undisturbed until security staff could assume control. They demonstrated a clear awareness of the confidentiality required in these situations and their responsibility to support the integrity of the response process.

Facility Staff (General)

Across all staff interviews, a consistent theme emerged: all personnel, regardless of their role, understood the steps required to respond to a PREA incident. They were able to walk the Auditor through each phase of response — from initial discovery or disclosure, to preservation of the scene and evidence, to seeking medical care if necessary, and reporting the incident through the appropriate channels. This consistency demonstrates strong internal training and reinforcement of PREA protocols across all staff levels.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no incarcerated individuals at GCDC who had reported sexual abuse within the past twelve months. As a result, interviews in this category were not applicable during this audit cycle.

PROVISIONS

Provision (a):

The Facility Head confirmed that all staff members identified as potential first responders receive comprehensive training in accordance with PREA standards. This training occurs during initial onboarding and is reinforced through annual in-service training and regular staff briefings.

Within the GCDC training curriculum, a “First Responder” is defined as any individual—whether custody or non-custody—who is the first to receive information about or encounter a situation involving a potential sexual abuse incident. For custody staff, specific immediate responsibilities are outlined and reinforced frequently by the PREA Compliance Manager (PCM), who provides ongoing guidance and reminders to ensure staff maintain vigilance and preparedness.

During interviews, both custody and non-custody staff were able to clearly articulate the required steps in responding to a report or discovery of sexual abuse. Their responses reflected strong alignment with policy expectations: separating involved individuals, preserving the physical evidence and the integrity of the location, obtaining medical care as needed, and notifying appropriate supervisory or investigative personnel. Staff at all levels expressed understanding of the seriousness of these incidents and the critical importance of confidentiality.

Provision (b):

GCDC’s PREA training curriculum outlines in detail the responsibilities of First Responders. Primary responsibilities include:

- Separating the alleged victim and abuser
- Preserving and protecting the crime scene until evidence can be collected

	<ul style="list-style-type: none"> • In cases where the incident occurred within the 72-hour evidence collection window, instructing both parties to avoid activities that could destroy evidence—such as • bathing, brushing teeth, using the restroom, smoking, eating, or drinking • For non-custody responders, advising the alleged victim to avoid compromising evidence and notifying custody staff immediately <p>In addition to these primary steps, secondary responsibilities are clearly defined:</p> <ul style="list-style-type: none"> • Record the date and time the alleged incident occurred and was reported • Document the identity of the initial reporter • Secure the victim’s clothing and bedding as evidence • Notify the Criminal Investigations Division (CID) to photograph the scene • Treat the area as a crime scene and begin maintaining a scene log • Observe and document any relevant individuals, environmental conditions, or potential evidence • Relay all information to the shift supervisor and/or the assigned investigator <p>The curriculum ensures that all individuals, including staff, volunteers, and contractors, understand that they may serve as first responders and are expected to act immediately to protect safety and preserve evidence. The training stresses the importance of immediate and informed action, clear communication, and the coordination with investigative personnel.</p> <p>CONCLUSION</p> <p>Based on a thorough review of facility policies, training materials, and staff interviews, the Auditor has determined that the Georgetown County Detention Center fully meets the requirements of PREA Standard §115.64 related to staff first responder duties. The facility demonstrates a strong commitment to ensuring all staff understand and fulfill their responsibilities in responding to sexual abuse allegations promptly and appropriately.</p>
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To evaluate Georgetown County Detention Center’s (GCDC) compliance with PREA standards related to coordinated response to incidents of sexual abuse, the Auditor conducted a thorough review of multiple sources of documentation. This included:</p> <ul style="list-style-type: none"> • The facility’s completed Pre-Audit Questionnaire (PAQ) and associated

supporting materials.

- GCDC Policies and Procedures, Chapter 100 – Agency Administration, Management and Training, specifically Policy 108.0 – Prison Rape Elimination Act, effective January 1, 2018.
- The facility’s PREA training curriculum, which outlines initial and ongoing training for all staff members regarding their roles and responsibilities in responding to allegations of sexual abuse.

These documents provided a comprehensive overview of GCDC’s structured approach to ensuring a coordinated and effective response in the event of sexual abuse incidents.

INTERVIEWS

Facility Head or Designee

During interviews, the Facility Head confirmed that GCDC maintains a detailed, written coordinated response plan that clearly delineates the responsibilities of all staff positions involved in responding to incidents of sexual abuse. The Facility Head emphasized that training on this plan is provided regularly through a combination of annual in-service sessions, monthly staff meetings, and on-the-job training to ensure personnel remain knowledgeable and prepared.

PROVISIONS

Provision (a)

The PAQ reported that GCDC has developed a comprehensive institutional plan designed to coordinate the actions of first responders, medical and mental health practitioners, investigators, and facility leadership following an incident of sexual abuse. This plan was verified by the Facility Head during the interview process.

Policy 108.0 – Prison Rape Elimination Act (Chapter 100, pp. 14-18) provides detailed guidance on the coordinated response process, outlining the duties and responsibilities of each staff role. According to policy, the shift supervisor is responsible for activating the coordinated response plan and ensuring the following steps are implemented:

- Separation of the alleged victim and perpetrator to maintain safety and prevent further incidents.
- Securing the potential crime scene to preserve evidence for subsequent examination and investigation.
- Notifications to the Detention Center Director, assigned investigators, and other designated agency and facility leadership, in addition to completing all required incident reporting procedures.
- Controlled access to the crime scene, limited to Georgetown County Sheriff Office, assigned investigators, or medical staff as required.
- Maintaining an entry log documenting all personnel entering and exiting the crime scene, supplemented by video documentation to enhance

	<p>accountability.</p> <ul style="list-style-type: none"> • Securing the area until the investigation is complete, with formal verification and release by the investigating authority. • The facility coordinates the actions of first responders, medical and mental health professionals, investigators, and Executive Staff in a structured manner. • Following the initial response, ongoing coordination between departments is maintained through PREA after-action meetings, which serve to review the incident, ensure compliance with policy, and identify opportunities for improvement. <p>The Facility Head verified that all first responder steps are explicitly outlined in policy and that responsibilities for each staff position are clearly defined. This structure ensures clarity, accountability, and an organized response to any incident of sexual abuse.</p> <p>CONCLUSION</p> <p>Based on the review of documentation, examination of policies and procedures, and interviews with the Facility Head, the Auditor concludes that Georgetown County Detention Center fully meets the standard regarding coordinated response to incidents of sexual abuse. The facility's coordinated response plan is well-designed, clearly communicated, and effectively implemented.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>In order to assess compliance with this PREA standard, the Auditor undertook an extensive review of documentation provided by the Georgetown County Detention Center (GCDC). Central to this review was the facility's completed Pre-Audit Questionnaire (PAQ), which offered a detailed overview of operational procedures, staffing practices, and the mechanisms in place to protect individuals in custody. Complementing the PAQ, the Auditor examined the GCDC Policies and Procedures Manual, focusing specifically on Chapter 100: Agency Administration, Management and Training. Of particular significance was Policy 108.0, titled Prison Rape Elimination Act, which has been in effect since January 1, 2018. This policy establishes the foundational framework for staff conduct, personnel management, and protective measures designed to prevent and respond to sexual abuse or harassment, including situations in which a staff member may be the subject of such allegations. Collectively, these documents provide insight into the agency's approach to</p>

maintaining a safe and secure environment while ensuring accountability at all levels of the organization.

INTERVIEWS

Administrative Staff (Human Resources)

During in-depth interviews with Human Resources personnel, the Auditor confirmed that facility management maintains clear authority to take immediate and appropriate action whenever a staff member is implicated in a sexual abuse or harassment investigation. Human Resources staff explained that such actions may include the temporary reassignment of the staff member or modification of their job duties to prevent direct contact with any individual in custody. These measures are implemented to safeguard the population while preserving the integrity of ongoing investigations. Human Resources staff emphasized that these procedures are embedded within the facility's standard operating protocols, ensuring both proactive protection and consistent accountability.

Random Staff

Interviews with randomly selected staff members reflected a consistent understanding of these policies and the facility's authority. Staff uniformly acknowledged that management has the ability—and the responsibility—to separate individuals in custody from staff members under investigation whenever necessary. They confirmed awareness that such protective measures are a fundamental component of the facility's commitment to preventing retaliation and ensuring a safe environment during the course of any investigation. Staff responses indicated not only familiarity with policy but also confidence in its practical application.

PROVISIONS

Provision (a)

The documentation and interviews indicate that neither the agency nor the facility, nor any affiliated government entity, is currently engaged in collective bargaining on the agency's behalf. Furthermore, no collective bargaining agreements have been negotiated, renewed, or otherwise enacted since August 20, 2012, or since the last PREA audit, whichever date is more recent.

As a result, GCDC operates without any contractual restrictions that might limit management's ability to take immediate protective or disciplinary actions. Agency policies clearly authorize management to implement staff reassignments or initiate disciplinary procedures, as necessary, to address allegations of sexual abuse or harassment. Human Resources officials confirmed that when a staff member is the subject of a sexual abuse allegation, the facility can proactively remove that staff member from direct contact with individuals in custody, either through reassignment or temporary changes in work location, thereby reducing risk and preserving safety.

	<p>Provision (b)</p> <p>Because this provision applies exclusively in the context of collective bargaining agreements—and GCDC does not operate under such agreements—the Auditor did not evaluate this provision further.</p> <p>CONCLUSION</p> <p>After reviewing the facility’s policies, Pre-Audit Questionnaire, and supplemental documentation, and conducting interviews with both administrative and randomly selected staff, the Auditor concludes that the Georgetown County Detention Center fully complies with the PREA standard regarding the preservation of management authority to protect individuals in custody from potential abusers. The facility demonstrates a clear and proactive commitment to safety, ensuring that organizational procedures, personnel authority, and operational practices collectively support the well-being and security of all individuals under its supervision.</p>
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115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>As part of the audit process, the Auditor conducted an in-depth review of relevant materials to assess the Georgetown County Detention Center’s (GCDC) compliance with PREA Standard §115.67, which governs agency protections against retaliation. The review included the facility’s completed Pre-Audit Questionnaire (PAQ) and associated supporting documentation. In addition, the Auditor examined GCDC’s Policies and Procedures, specifically Chapter 100: Agency Administration, Management and Training – Policy 108.0, titled Prison Rape Elimination Act, which has been in effect since January 1, 2018.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>In an interview with the Facility Head, it was clearly conveyed that retaliation in any form—whether by staff or by individuals in custody—is not tolerated at the Georgetown County Detention Center. The Facility Head emphasized that both staff and inmates are encouraged to freely report any concerns related to retaliation without fear of retribution. The culture at GCDC actively supports speaking out against retaliation. Should any retaliatory behavior occur, immediate and appropriate corrective action would be taken against those responsible, following a thorough investigation.</p> <p>Retaliation Monitor</p> <p>The designated Retaliation Monitor further explained the facility’s approach to</p>

identifying and mitigating retaliation risks. The monitor outlined a number of proactive strategies used to detect potential retaliatory behavior, including reviewing changes in housing assignments, work details, and the frequency or nature of disciplinary reports for individuals in custody. Monitoring efforts for staff include examining performance evaluations, job reassignments, and disciplinary actions. The monitor confirmed that any substantiated instances of retaliation are taken seriously, and appropriate disciplinary measures are imposed upon confirmation.

PROVISIONS

Provision (a): Designated Retaliation Monitor

The PAQ confirms that GCDC has implemented a formal retaliation monitoring plan and designated a staff member to oversee this responsibility. According to Policy 108.0, Section F, the PREA Coordinator serves as the designated individual responsible for monitoring all reports of sexual abuse and harassment to safeguard against retaliation. For a minimum of 90 days following the submission of a report—longer if deemed necessary by the Coordinator—the PREA Coordinator monitors the conduct and treatment of all individuals involved in the case, including complainants, victims, and cooperating staff, contractors, or volunteers. Monitoring activities include regular review of:

- Disciplinary reports filed against the complainant or victim;
- Housing or programmatic changes;
- Negative performance reviews or adverse employment actions involving staff, contractors, or volunteers.

All reviews and actions taken are thoroughly documented and retained by the PREA Coordinator for compliance and accountability purposes.

Provision (b): Policy to Prevent Retaliation

GCDC policy explicitly prohibits retaliation against any individual—whether in custody or employed by the facility—who reports sexual abuse or harassment or cooperates with a related investigation. As confirmed during interviews with both the Facility Head and the Retaliation Monitor, multiple safeguards are in place to prevent retaliatory behavior. These include active observation of behavioral shifts or administrative changes that may indicate retaliation. The leadership team consistently reiterates that retaliation is unacceptable and assures that swift action would be taken if any such behavior were identified.

Provision (c): 90-Day Monitoring Period

Per the PAQ and facility policy, retaliation monitoring generally extends over a 90-day period, unless circumstances warrant an extended duration. The PREA Coordinator assesses each case individually to determine whether monitoring should continue beyond this standard timeframe. The Auditor confirmed through interviews that no incidents of retaliation had been reported or identified at the facility in the twelve months preceding the audit. Nonetheless, the facility's leadership expressed a clear commitment to upholding the integrity of the monitoring process and ensuring a safe environment for all individuals.

	<p>Provision (d): Periodic Status Checks</p> <p>Consistent with the requirements of this provision, GCDC’s policy mandates periodic status checks during the 90-day monitoring period to ensure ongoing protection. Policy 108.0 directs the PREA Coordinator to consistently evaluate indicators that may suggest retaliation, such as program participation records, housing assignments, or employment status. These routine checks are documented in the monitoring record, and the Coordinator is empowered to take immediate steps if concerns arise.</p> <p>Provision (e): Fear of Retaliation</p> <p>When any individual expresses a fear of retaliation—whether they are an alleged victim, witness, or cooperating party—GCDC policy requires that immediate protective measures be taken. Policy 108.0, Section F(2), specifies that detention center employees must act promptly to safeguard the individual, including notifying the PREA Coordinator. The Coordinator is then tasked with documenting agreed-upon interventions and ensuring follow-through. If the concern of retaliation is raised, but the underlying incident is ultimately determined to be unfounded, the Coordinator may terminate monitoring, provided this decision and the supporting rationale are properly documented.</p> <p>Provision (f): Termination of Monitoring for Unfounded Cases</p> <p>In alignment with PREA standards, GCDC policy allows for the cessation of retaliation monitoring if, after a thorough investigation, the original allegation is determined to be unfounded. As outlined in Policy 108.0, the PREA Coordinator is not obligated to continue monitoring or retain documentation for unfounded allegations, though the conclusion of the monitoring process must still be formally recorded and preserved in accordance with agency recordkeeping procedures.</p> <p>CONCLUSION</p> <p>After a thorough review of the facility’s policies, procedures, and practices—along with direct interviews with key personnel—the Auditor finds that the Georgetown County Detention Center has established and implemented comprehensive safeguards to prevent, detect, and respond to retaliation. These protections extend to all individuals—staff, inmates, contractors, and volunteers—who report sexual abuse or harassment or participate in related investigations. Based on all available evidence, GCDC meets all provisions required under PREA Standard §115.67: Agency Protection Against Retaliation.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>As part of the audit process, the Auditor conducted a comprehensive review of</p>

relevant documentation to assess Georgetown County Detention Center's (GCDC) compliance with the standard governing post-allegation protective custody. Documents reviewed included the facility's completed Pre-Audit Questionnaire (PAQ) and several key policies from the GCDC Policies and Procedures manual. These included Chapter 100: Agency Administration, Management and Training, Policy 108.0 titled Prison Rape Elimination Act (effective January 1, 2018); Chapter 300: Classification, Policy 300 Inmate Classification/Reclassification (dated January 1, 2018); and Chapter 300: Classification, Policy 301 Administrative Separation (Special Management, Protective Custody, Medical/Mental Health Observation).

INTERVIEWS

Facility Head

During an interview with the Facility Head, it was confirmed that individuals placed in segregation housing as a result of being identified as a sexual abuse victim retain access to programming, educational opportunities, and work assignments, to the extent possible and consistent with safety and security requirements. The Facility Head emphasized the agency's commitment to maintaining access to meaningful activities, even for those housed under protective conditions.

Classification Staff

Interviews with classification staff further clarified that the facility does not routinely rely on segregated housing for the protection of inmates who report having experienced sexual abuse. Instead, staff reported that there are multiple housing options available within the facility that allow for the protection of victims without resorting to involuntary segregation. Classification staff explained that protective segregation is considered only as a measure of last resort, and when used, efforts are made to minimize restrictions. The facility's layout allows for strategic placement of vulnerable individuals in alternate housing assignments that ensure separation from potential abusers while avoiding unnecessary isolation.

PROVISIONS

Provision (a):

According to the facility's response on the PAQ, GCDC did not utilize segregated housing for the protection of any inmate who reported sexual abuse within the past twelve months. Interviews with classification staff corroborated this statement and further reinforced that sexual abuse victims are not automatically placed in segregation for protection. Instead, the facility prioritizes identifying alternative housing assignments and only uses segregation when no other options can ensure the individual's safety.

Staff also affirmed that when protective segregation is necessary, individuals housed under such conditions continue to have access to programming, education, and work opportunities, consistent with institutional security and safety protocols.

CONCLUSION

Following a detailed analysis of documentation and interview findings, the Auditor

	concludes that the Georgetown County Detention Center meets all applicable requirements of the standard related to post-allegation protective custody. The facility demonstrates a clear commitment to avoiding the use of segregated housing as a default and maintains appropriate policies and procedures that prioritize inmate safety while minimizing the potential for undue isolation. No corrective action is required.
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The review of Georgetown County Detention Center's (GCDC) approach to criminal and administrative investigations began with an extensive examination of the Pre-Audit Questionnaire (PAQ) and related documentation. This included GCDC's formal directives, most notably Policies and Procedures outlined in Chapter 100: Agency Administration, Management and Training, specifically Policy 108.0 addressing the Prison Rape Elimination Act (PREA), effective since January 1, 2018.</p> <p>INTERVIEWS</p> <p>Investigative Staff</p> <p>Interviews with investigative personnel revealed that investigations are initiated without delay as soon as an incident is reported. Regardless of how the report is received—whether in person, via telephone, anonymously, through third-party communication, or by mail—the same standardized procedures are applied.</p> <p>The investigators confirmed that they undergo both general and specialized PREA-related training. The Auditor examined training records to confirm full compliance with all required sessions. The investigator clarified that, when a case indicates the potential for criminal prosecution, the agency will only conduct compelled interviews after consultation with prosecuting authorities to avoid obstructing future legal proceedings. Miranda warnings are issued in all applicable cases.</p> <p>The credibility of all parties involved in an investigation is assessed through a detailed, impartial process. All individuals are treated as credible unless evidence proves otherwise. Notably, polygraph examinations are not used in PREA investigations.</p> <p>In administrative investigations, the evidence is methodically followed, with particular attention to whether any action or inaction by staff contributed to the incident. The investigation concludes with a comprehensive written report summarizing all findings. If the evidence points toward criminal conduct, the documentation and physical</p>

evidence are transferred to the appropriate investigating authority.

Should an external investigative body determine a crime has occurred, the case is presented to a grand jury. Documentation maintained at the facility includes responder checklists, 30-day review logs, retaliation monitoring forms, and inmate housing selection confirmations.

The status of the involved individuals—whether terminated, transferred, or released—does not impact the continuation of the investigation. All inquiries proceed to their logical conclusion, and the facility maintains cooperative engagement with judicial and law enforcement bodies throughout the process.

PREA Coordinator (PC)

The PREA Coordinator confirmed that the facility retains all investigative reports, whether administrative or criminal, for the duration of the alleged abuser's incarceration or employment, plus an additional five years. Inmate-related data is primarily stored in a permanent digital database.

PREA Compliance Manager (PCM)

According to the PCM, the agency ensures that an investigation is never terminated due to the departure of the alleged victim or abuser from the facility or agency employment.

Facility Head

The Facility Head reported that over the past twelve months, there has been one substantiated incidents requiring referral for prosecution.

Inmates Who Reported Abuse

At the time of the on-site audit, there were no incarcerated individuals who had reported abuse within the preceding year; therefore, no interviews were conducted in this category.

PROVISIONS

Provision (a): Investigatory Responsibility and Timeliness

The PAQ confirms that GCDC has established policy guidelines governing both criminal and administrative investigations. GCDC handles internal administrative investigations, while the Georgetown County Sheriff's Office (GCSO) is responsible for criminal investigations. Per Policy 108.0, upon receipt of a report, a supervisor (or higher-level employee if the accused is a supervisor) immediately forwards the information to the PREA Coordinator. Depending on the case's severity, the South Carolina Law Enforcement Division (SLED) may be brought in. All allegations are addressed promptly, generally by the end of the reporting shift.

Provision (b): Investigator Training

The PAQ confirms where sexual abuse is alleged, the agency/facility use investigators who have received specialized training in sexual abuse investigations

Policy 108.0 mandates specialized training for investigators, covering victim and perpetrator interviews in confinement settings, application of Miranda and Garrity warnings, and proper evidence collection standards. Further training covers crime scene management, contamination avoidance, and crisis intervention. The Auditor reviewed training documentation verifying investigators have met these training requirements.

Provision (c): Evidence Handling

According to the PAQ investigators do the following:

1. Gather and preserve direct and circumstantial evidence
2. Interview alleged victims, suspected perpetrators and witnesses
3. Review of prior reports and complaints of sexual abuse involving suspected perpetrator

Interviews revealed that investigations follow a consistent format: the alleged victim is interviewed first, followed by witnesses, and lastly the alleged perpetrator. For sexual assault cases, the investigator attends examinations at the designated SAFE/ SANE facility, unless the SANE team handles evidence collection. The investigator is certified in evidence collection, and all allegations are processed using a uniform evidence protocol aimed at supporting administrative and criminal proceedings.

Provision (d): Compelled Interviews

According to the PAQ when the quality of evidence appears to support criminal prosecution, the agency/facility conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Further, Miranda warnings are issued as appropriate. This was verified by the investigators during the interview process.

Provision (e): Assessing Credibility

Investigative staff emphasized that credibility is assessed through evidence-based investigation. Everyone involved is initially treated as credible, and their status as inmate, staff, contractor, or volunteer does not influence this evaluation. Polygraph testing is not used. Policy prohibits diminishing or inflating credibility based on institutional role.

Provision (f): Administrative Inquiry Focus

Administrative investigations are driven by the evolving evidence. Investigators assess whether any staff conduct, or negligence contributed to the incident. Each administrative investigation culminates in a written report, submitted to the Facility Head for appropriate action. All corrective measures are documented and retained.

Provision (g): Referral for Prosecution

The PAQ noted one substantiated criminal allegations referred for prosecution in the past year. Policy emphasizes zero tolerance for sexual misconduct and mandates that substantiated cases are pursued to the fullest legal extent, with no evidentiary standard higher than "preponderance of the evidence" applied.

Provision (h): Criminal Prosecution Protocol

If criminal activity is discovered, the investigator provides an affidavit to the Prosecutor. The GCSO retains the full investigative record, while the facility maintains internal documentation tied to institutional response. According to the PAQ, in the past twelve months, there has been one substantiated incident requiring referral for prosecution.

Provision (i): Retention of Records

Written reports of investigations are retained for as long as the alleged abuser remains incarcerated or employed by the facility, plus five years, regardless of status changes.

Provision (j): Continuation of Investigations

Per policy and confirmed in interviews, investigations are never terminated due to a change in status of any party involved. All inquiries proceed through to a formal conclusion, independent of employment or residence status.

Provision (k): External Investigator Protocol Compliance

The Facility Head affirmed that the same standards of evidence handling, and forensic medical care apply to all external state or federal entities conducting investigations within the facility.

Provision (l): Interagency Cooperation

The Facility Head also confirmed that the facility maintains open communication and cooperative practices with the GCSO to ensure updates and coordination on ongoing investigations.

CONCLUSION

Based on a comprehensive review of the Georgetown County Detention Center's documentation, policies, investigative procedures, and interviews with both administrative and line staff, the Auditor has determined that GCDC fully satisfies all requirements of the PREA standard concerning criminal and administrative investigations. The facility demonstrates a consistent and effective approach to ensuring that allegations of sexual abuse or harassment are addressed promptly, thoroughly, and impartially. Investigative practices are clearly defined, staff are knowledgeable of their responsibilities, and organizational procedures support the protection of individuals in custody while maintaining the integrity of each investigation. Collectively, these measures reflect the facility's strong commitment to

	compliance, accountability, and the safety and well-being of all individuals under its supervision.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>To assess compliance with the Prison Rape Elimination Act (PREA) standard regarding evidentiary standards in administrative investigations, the Auditor conducted a comprehensive review of the materials provided by the Georgetown County Detention Center (GCDC). Central to this review was the facility’s completed Pre-Audit Questionnaire (PAQ) along with supporting documentation, which collectively outlined GCDC’s investigative practices and protocols. In addition, the Auditor examined GCDC’s internal policy framework, particularly Chapter 100: Agency Administration, Management and Training, Policy 108.0—Prison Rape Elimination Act, effective January 1, 2018.</p> <p>Policy 108.0 reflects a clear, agency-wide commitment to a zero-tolerance approach toward all forms of sexual abuse and sexual harassment. The policy explicitly directs that all allegations must be investigated thoroughly and objectively. Importantly, it establishes that administrative investigations rely on the “preponderance of the evidence” standard. This policy further emphasizes that substantiated incidents of sexual abuse—whether involving individuals in custody or staff members, including contractors or volunteers—will be pursued for criminal prosecution to the fullest extent allowed by law. At no point does the policy permit the use of a higher evidentiary threshold for administrative investigations, reinforcing both the agency’s commitment to accountability and the protection of all individuals in its care.</p> <p>INTERVIEWS</p> <p>Investigative Staff</p> <p>To supplement the document review, the Auditor conducted interviews with the investigative team responsible for handling administrative investigations into allegations of sexual abuse and sexual harassment. During these interviews, investigative personnel demonstrated a thorough understanding of PREA standards, agency policy, and the procedures required to ensure compliance.</p> <p>Interviewees described the investigative process as rigorous and impartial. Each investigation begins with a systematic collection and evaluation of all available evidence. This includes physical evidence collected from the alleged victim, the accused individual, and the location where the incident reportedly occurred.</p>

Investigators also gather testimonial evidence from all relevant parties, including victims, alleged perpetrators, and witnesses. Staff emphasized that their investigative practices follow clearly defined procedures to maintain fairness, accuracy, and integrity throughout the process.

Of particular note, the investigative team consistently affirmed that the standard for substantiating allegations is “preponderance of the evidence,” meaning that investigators determine whether it is more likely than not that the incident occurred. They further confirmed that higher evidentiary thresholds, such as “clear and convincing evidence” or “beyond a reasonable doubt,” are never applied in administrative investigations under PREA guidelines.

PROVISIONS

Provision (a):

The Pre-Audit Questionnaire clearly affirms that GCDC applies the preponderance of the evidence standard in all administrative investigations related to sexual abuse and harassment. This claim was fully corroborated through interviews with investigative staff, who consistently described the evidentiary threshold as the point at which the evidence makes it more likely than not that the allegation occurred.

Policy 108.0 reinforces this approach. Specifically, section 10(D) on page 14 mandates that no higher evidentiary standard shall be required to substantiate PREA-related allegations. This directive is fully aligned with federal PREA standards and illustrates the facility’s commitment to ensuring a legally sound, fair, and accountable investigative process.

Investigative staff further explained that each case involves a comprehensive collection of all available forms of evidence, including physical evidence, scene documentation, and detailed interviews. Investigations are conducted with objectivity and adherence to established procedural protocols, ensuring both thoroughness and fairness.

CONCLUSION

After a detailed review of agency policies, the Pre-Audit Questionnaire, and in-depth interviews with investigative personnel, the Auditor determined that the Georgetown County Detention Center fully meets the requirements of the PREA standard regarding evidentiary standards for administrative investigations.

No deficiencies or deviations from compliance were identified. The facility demonstrates a consistent and effective application of the preponderance of the evidence standard, along with a clear commitment to protecting the rights, safety, and well-being of all individuals in custody. No corrective action is required

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

In preparation for the audit, the Auditor conducted a detailed examination of essential documents that provide insight into the Georgetown County Detention Center's (GCDC) practices related to inmate notification following allegations of sexual abuse or harassment. The reviewed documents included the Pre-Audit Questionnaire (PAQ) along with its supporting materials, and GCDC's internal policy—Chapter 100: Agency Administration, Management and Training, Policy 108.0, which addresses the Prison Rape Elimination Act (PREA), effective January 1, 2018.

INTERVIEWS

Investigative Staff

During interviews with investigative staff, it was made clear that the final step in the investigative process takes place only after all evidence has been thoroughly reviewed and findings have been determined. Upon completing a PREA investigation, the assigned investigator prepares a comprehensive investigative report. This document outlines the rationale for the outcome, including the evidence used in reaching the conclusion. Once completed, this report is forwarded to the facility for administrative purposes.

Staff emphasized that it is the facility's responsibility to notify the individual who made the allegation of the investigation's outcome. In instances where a criminal investigation is involved, the notification to the incarcerated individual is carried out by the Criminal Operations Division in collaboration with the Facility Head.

Facility Head or Designee

During the interview, the Facility Head confirmed a consistent process for notification. When an allegation involves staff sexual abuse and the allegation is substantiated, the facility ensures the impacted incarcerated person is informed in writing when any of the following conditions occur:

- The staff member is removed from the individual's housing unit
- The staff member is no longer employed at the facility
- The facility is informed that the staff member has been arrested on charges related to sexual abuse within the facility
- The facility is informed that the staff member has been convicted of sexual abuse within the facility

Additionally, the Facility Head indicated that within the past twelve months, all allegations made against staff were determined to be unfounded.

In cases of substantiated inmate-on-inmate abuse, the incarcerated individual who

experienced the abuse is notified if the alleged abuser is indicted, charged, or convicted.

Incarcerated Individuals Who Reported Abuse

At the time of the on-site audit, there were no incarcerated individuals who had reported abuse within the preceding year. Therefore, no interviews were conducted in this category.

PROVISIONS

Provision (a):

According to the PAQ and confirmed through interviews, GCDC received one allegation of staff-on-inmate sexual abuse in the past twelve months. The allegation was substantiated and is currently under criminal investigation. The staff members involved are no longer employed with the facility and have been arrested. The case remains active in the criminal justice process. The incarcerated individual involved has been notified in writing of the following:

- The substantiated result of the investigation
- The termination of employment of the staff members involved
- The fact that the staff members have been arrested

GCDC's Policy 108.0, pages 16-17, section 12(A), outlines that following the conclusion of an investigation, the PREA Coordinator must notify the incarcerated person of the outcome—substantiated, unsubstantiated, or unfounded. Notifications are provided in writing, and the Coordinator maintains a copy of each notification for documentation purposes.

During the interview with investigative staff, the Auditor was informed that a closeout memorandum is issued at the conclusion of each investigation. This document includes a detailed summary of how the final decision was reached. The PREA Coordinator is responsible for ensuring that the involved party receives written notification of the outcome.

Provision (b):

GCDC's Policy 108.0, as cited on pages 16-17, section 12(A), specifies that when an external agency conducts an investigation, the PREA Coordinator is required to request the necessary information from that agency to appropriately notify the incarcerated person.

Provision (c):

Policy 108.0, page 17, section 12(B), mandates that unless the allegation has been found to be unfounded, the PREA Coordinator must notify the individual who made the allegation if the accused employee, contractor, or volunteer:

	<ul style="list-style-type: none"> • Is no longer assigned to the housing unit • Is no longer employed or contracted by the facility • Has been indicted on charges related to sexual abuse within the facility • Has been convicted of sexual abuse within the facility <p>All notifications must be issued in writing and preserved for documentation.</p> <p>Provision (d):</p> <p>In cases of substantiated inmate-on-inmate abuse, the victim is notified in writing when the accused individual:</p> <p>Is indicted for charges related to the abuse Is convicted of a charge related to the abuse</p> <p>The Facility Head Designee confirmed that this process is consistently followed. Policy 108.0, section 12(C), reinforces this procedure and requires the PREA Coordinator to retain all records of such notifications.</p> <p>Provision (e):</p> <p>In the past twelve months, there has been one incident involving substantiated sexual abuse, and the impacted party received written notification. Policy 108.0, page 17, sections 12(B), 12(C), and 12(D), reiterates that all such notifications must be provided in writing and maintained as part of the facility's documentation and recordkeeping. The policy also notes that once an individual is released from custody, the PREA Coordinator's obligation to provide updates or notifications is no longer applicable.</p> <p>Provision (f):</p> <p>This provision is not subject to audit under current PREA guidelines.</p> <p>CONCLUSION</p> <p>After a comprehensive review of the relevant documentation and staff interviews, the Auditor has determined that Georgetown County Detention Center fully complies with the PREA standard related to inmate notification following allegations of sexual abuse.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor reviewed the Georgetown County Detention Center (GCDC) Pre-Audit</p>

Questionnaire (PAQ) and all supporting documentation. In addition, the following policies were examined in detail:

- GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training Policy 101.0, Standards of Conduct and Ethics, effective September 15, 2021.
- GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training Policy 108.0, Prison Rape Elimination Act, effective January 1, 2018.

These policies clearly articulate the agency's zero-tolerance stance toward sexual abuse, sexual harassment, and staff misconduct, as well as the facility's approach to disciplinary sanctions for staff.

INTERVIEWS

Facility Head

The Facility Head confirmed during the on-site interview that all staff are subject to disciplinary action for violations of the agency's sexual abuse and sexual harassment policies. Termination is the presumptive sanction for any substantiated incident of staff sexual abuse. Sanctions for other violations, including sexual harassment or misconduct, are proportionate to the severity of the behavior and take into account the staff member's prior disciplinary record.

The Facility Head reported no known incidents of policy violations involving sexual abuse or harassment in the past twelve months, with the exception of one case during the audit period in which staff members either resigned in lieu of termination or were terminated for sexual misconduct.

PROVISIONS

Provision (a)

The PAQ and Facility Head interview confirm that staff are held fully accountable for compliance with the agency's sexual abuse and harassment policies. Policy 108.0, Prison Rape Elimination Act specifies that violations may result in disciplinary action up to and including termination. Policy 101.0, Standards of Conduct and Ethics prohibits inappropriate personal relationships with individuals in custody, their family members, or friends, and mandates termination and possible criminal prosecution for substantiated violations.

Provision (b)

One incident during the past 12 months resulted in the termination or resignation in lieu of termination of staff members for sexual misconduct. Policy 108.0 mandates termination for substantiated cases of staff sexual abuse. Policy 101.0 prohibits any form of physical, sexual, or verbal abuse or harassment and outlines zero tolerance for consensual sexual relations with individuals in custody. All allegations are subject to immediate investigation, with substantiated cases resulting in termination, possible criminal prosecution, and potential revocation of licensure or certification.

	<p>Provision (c)</p> <p>The PAQ and Facility Head confirm that disciplinary sanctions for policy violations not rising to the level of sexual abuse are proportionate to the offense. Factors considered include the seriousness of the conduct, prior disciplinary history, and sanctions applied in comparable cases. Policy language (Policy 108.0, p. 17, 13, A, 2) requires consistency and proportionality in sanctions. No staff were disciplined short of termination for sexual abuse or harassment violations in the past 12 months.</p> <p>Provision (d)</p> <p>The PAQ and Facility Head confirm that all terminations or resignations related to sexual abuse or harassment are reported to appropriate law enforcement agencies and, when applicable, professional licensing bodies, unless the conduct is clearly not criminal. This procedure was followed in the one applicable case during the audit period. Policy 108.0 assigns the PREA Coordinator responsibility for ensuring written notification and maintaining documentation of all such reports.</p> <p>CONCLUSION</p> <p>Based on the review of policy, supporting documentation, and staff interviews, the Auditor finds that GCDC meets all requirements of the PREA standard related to disciplinary sanctions for staff. The facility enforces a zero-tolerance approach, applies sanctions consistently and proportionately, and ensures that all required notifications are made to law enforcement and licensing bodies in applicable cases.</p>
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115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>The Auditor reviewed the Georgetown County Detention Center (GCDC) Pre-Audit Questionnaire (PAQ) along with all supporting documentation relevant to this standard. Key facility policies examined included:</p> <ul style="list-style-type: none"> • GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training, Policy 106.0, Volunteers, effective January 1, 2018. • GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, effective January 1, 2018. <p>These policies collectively define the agency's zero-tolerance approach toward sexual abuse and sexual harassment, establish clear prohibitions for contractors and volunteers, and outline mandatory actions in the event of any alleged or substantiated violations.</p> <p>INTERVIEW</p>

Facility Head

During the on-site audit, the Facility Head provided a detailed explanation of the facility's protocol when an allegation involving a contractor or volunteer is received. The Facility Head emphasized that all such allegations are immediately referred for formal investigation. While the investigation is pending, the contractor or volunteer is prohibited from entering the facility or participating in any facility operations. This action safeguards the integrity of the investigation and ensures the safety of all individuals in custody.

PROVISIONS**Provision (a)**

The PAQ indicated that there were no incidents in the past twelve months in which contractors or volunteers were reported to law enforcement or licensing bodies for conduct involving sexual abuse or sexual harassment. This finding was corroborated through the Facility Head interview and a review of documentation.

Policy 106.0, Volunteers (p. 4, 6, C) specifies that any volunteer found to have engaged in sexual abuse, as defined in Policy 108.0 – PREA, will be immediately terminated and permanently prohibited from providing services at the detention center. The termination is communicated to security staff assigned to the main entrance to prevent further facility access. The policy requires that all such incidents be investigated in accordance with Policy 108.0 – PREA and, depending on the nature of the incident, the volunteer may be:

- Reported for arrest and possible criminal prosecution;
- Reported to any relevant licensing bodies for possible revocation of licensure; or
- Referred for remedial action and potential reinstatement of volunteer privileges if deemed appropriate. Any remedial action plan must be developed by the PREA
- Coordinator, approved in writing by the Detention Center Administrator, and fully documented prior to reinstatement.

Policy 108.0, Prison Rape Elimination Act (p. 18, B, 1–3) further establishes that:

Any contractor or volunteer who engages in sexual abuse will be permanently barred from inmate contact and immediately reported to law enforcement, unless the activity is clearly not criminal, and to relevant licensing bodies, when applicable.

The PREA Coordinator and Detention Center Director, in consultation with the contractor's or volunteer's supervisor, will take remedial measures and consider permanent prohibition from inmate contact for any other violation of sexual abuse or sexual harassment policies.

The PREA Coordinator will maintain documentation of all actions taken for investigative and reporting purposes.

Provision (b)

	<p>Consistent with Provision (a), there were no reported cases of contractor or volunteer sexual abuse or sexual harassment during the past twelve months. As a result, no remedial actions were required during the review period.</p> <p>GCDC policy requires appropriate remedial measures, including possible permanent prohibition from inmate contact, in any case where a contractor or volunteer violates agency sexual abuse or sexual harassment policies. The absence of incidents during this period demonstrates adherence to the facility's prevention and screening measures, as well as the effectiveness of policy enforcement.</p> <p>CONCLUSION</p> <p>After reviewing the PAQ, relevant policies, supporting documentation, and conducting the on-site interview, the Auditor concludes that GCDC fully meets all provisions of the standard related to corrective action for contractors and volunteers. The facility has established and follows comprehensive protocols to ensure that any allegations are promptly investigated, appropriate actions are taken, and public safety is preserved.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>The Auditor conducted a thorough review of the Georgetown County Detention Center (GCDC) Pre-Audit Questionnaire (PAQ) and all supporting documentation provided. Key policies examined included:</p> <ul style="list-style-type: none"> • GCDC Policies and Procedures, Chapter 500: Inmate Discipline Policy 500.0 – Inmate Discipline, effective January 1, 2018. • GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training Policy 108.0 – Prison Rape Elimination Act, effective January 1, 2018. <p>These documents outline the facility's formal disciplinary processes, the application of sanctions, and the integration of mental health considerations in cases involving sexual abuse.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>During the on-site audit, the Auditor met with the Facility Head, who offered comprehensive insight into how the facility approaches inmate discipline in cases involving sexual abuse. The Facility Head emphasized that disciplinary measures are determined by both the seriousness of the violation and its specific circumstances.</p>

Sanctions are applied consistently and equitably to ensure fairness across the inmate population.

Possible disciplinary actions range from changes in housing assignments and loss of good time credit to referral for criminal prosecution when appropriate. When the individual's behavior involves someone with a documented history of mental illness or developmental disabilities, mental health professionals play an active role in the process, ensuring that sanctions are informed, proportionate, and considerate of the person's condition.

The Facility Head further confirmed that in the past twelve months, no inmate had been disciplined for reporting an allegation of sexual abuse made in good faith. This reinforces the facility's commitment to fostering an environment where reporting is encouraged and free from fear of retaliation.

Medical Staff

Interviews with medical personnel confirmed their supportive role in rehabilitative efforts for inmates found responsible for acts of sexual abuse. Medical staff explained that, when indicated, they may recommend therapy, counseling, or other targeted interventions aimed at addressing underlying psychological or behavioral causes of the conduct. These services are incorporated into the facility's broader counseling programs, offered through both individual and group sessions. Importantly, participation in therapeutic programming is never a prerequisite for access to other institutional programs or privileges.

PROVISIONS

Provision (a)

According to the PAQ, in the past 12 months there were no administrative or criminal findings of inmate-on-inmate sexual abuse that have occurred at the facility.

The PAQ further states that disciplinary sanctions are imposed only after a formal disciplinary process results in an administrative finding or criminal conviction for inmate-on-inmate sexual abuse.

The Inmate Discipline Policy affirms that sanctions must be proportionate to the severity and circumstances of the abuse, take into account the inmate's prior disciplinary record, and be consistent with sanctions for comparable offenses committed by others with similar histories.

Provision (b)

According to the PAQ 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.

Following a substantiated finding of sexual abuse, sanctions are determined through a structured disciplinary process. The Facility Head confirmed that sanctions are individualized, reflecting the nature of the abuse, the offender's disciplinary record, and precedent for comparable cases. Policy requires that sanctions be both fair and

	<p>consistent.</p> <p>Provision (c)</p> <p>According to the PAQ the disciplinary process considers whether an inmate’s mental disabilities or mental illness contributed to his or her behavior. When determining sanctions, the facility carefully considers whether mental illness or developmental disabilities may have contributed to the conduct. Policy explicitly directs Hearing Officers to weigh these factors and to consider whether participation in therapy, counseling, or other corrective interventions would be appropriate, if such programs are available. The Facility Head confirmed this practice during interviews.</p> <p>Provision (d)</p> <p>According to the PAQ, the facility provides access to counseling, therapy, and other rehabilitative interventions to address the root causes of abusive conduct. Whether participation is required as part of a sanction is decided on a case-by-case basis. Medical staff confirmed that they can recommend such interventions, which are integrated into ongoing counseling programs and offered individually or in groups. Participation is voluntary and does not affect eligibility for other programs or benefits.</p> <p>Provision (e)</p> <p>According to the PAQ, disciplinary action for sexual contact with staff is only taken if it is determined that the staff member did not consent. The Facility Head verified that this requirement is strictly enforced, in line with facility policy.</p> <p>Provision (f)</p> <p>According to the PAQ, no inmate is disciplined for filing a report of sexual abuse in good faith, even if the allegation cannot be substantiated. The PAQ and interviews confirmed that retaliatory or punitive action in such cases is strictly prohibited.</p> <p>Provision (g)</p> <p>While all sexual activity between inmates is prohibited, it is classified as sexual abuse only when coercion is present. This distinction is clearly outlined in policy and was affirmed by the Facility Head.</p> <p>CONCLUSION</p> <p>After reviewing all documentation, interviewing relevant staff, and analyzing facility practices, the Auditor concludes that the Georgetown County Detention Center is in full compliance with the standard governing disciplinary sanctions for inmates. The facility’s policies are consistent with PREA requirements, sanctions are applied fairly and proportionately, mental health considerations are incorporated into the decision-making process, and protections are in place to prevent retaliation against those who report sexual abuse in good faith</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

DOCUMENT REVIEW

The Auditor conducted a comprehensive review of the Georgetown County Detention Center (GCDC) Pre-Audit Questionnaire (PAQ) and the related supporting materials. Key policies reviewed included:

- GCDC Policies and Procedures, Chapter 200: Admission/Booking – Policy 204.0: Intake Screening for Risk of Sexual Victimization or Perpetration/ Transgender Inmates, dated January 1, 2018.
- GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training – Policy 108.0: Prison Rape Elimination Act, effective January 1, 2018.

These policies provide clear procedural guidance for identifying, documenting, and responding to individuals at heightened risk for sexual victimization or sexual abusiveness during the intake process.

INTERVIEWS

Medical and Mental Health Staff

Medical and mental health professionals demonstrated a thorough understanding of their responsibilities under the PREA standard. They reported that when an inmate is identified during intake as being at elevated risk—whether due to a history of victimization or prior sexually aggressive behavior—the individual is offered a follow-up session with a mental health provider. These follow-up sessions are consistently scheduled within 14 days of intake, in accordance with agency policy.

Staff emphasized that the process is designed to address the inmate's needs promptly, ensuring appropriate clinical evaluation and early intervention. They also confirmed that these follow-ups occur regardless of whether the risk factor stems from past incidents within an institutional setting or from experiences in the community.

Intake Staff

Personnel responsible for conducting intake screenings confirmed that all medical and mental health information collected during the process is stored in a secure, restricted-access electronic database. Access is strictly limited to qualified medical and mental health practitioners. When classification or other staff require relevant information for safety, housing, or treatment purposes, disclosure is made only on a verified, need-to-know basis. This ensures sensitive information remains confidential while still informing key management decisions.

Inmate Who Disclosed Prior Victimization

At the time of the on-site audit, there were no inmates in the facility who had disclosed prior victimization during screening. As such, no interviews were conducted with individuals from this category for this standard.

PROVISIONS

Provision (a)

According to the PAQ in the previous 12 months no inmates disclosed prior sexual victimization during risk screening. The PAQ reflects that any inmate who discloses prior sexual victimization during intake screening is offered a follow-up appointment with a medical or mental health professional within 14 days of the disclosure. Intake staff confirmed that this practice is followed without exception when screening results indicate high risk for victimization, prior victimization, or sexually aggressive behavior.

Policy 204.0 explicitly requires that, when screening results indicate prior perpetration or victimization, the inmate must be scheduled to meet with a healthcare provider no later than 14 days after admission. Information from such screenings is strictly limited to medical and mental health staff and others who require it for treatment, safety, housing, or assignment decisions. If the prior victimization occurred outside an institutional setting, informed consent is obtained before disclosure—unless the inmate is under 18.

Provision (b)

The PAQ reports that, in the past twelve months, no inmates disclosed having previously perpetrated sexual abuse. Intake staff confirmed this finding. Policy 204.0 requires that any inmate who discloses prior perpetration of sexual abuse be offered a meeting with a mental health care practitioner within 14 days of admission.

Provision (c)

As outlined in provisions (a) and (b), any inmate who reports prior sexual victimization—regardless of whether the incident occurred in an institution or in the community—must be offered a follow-up meeting with a medical or mental health provider within 14 days of intake. Intake staff confirmed that this requirement is followed.

Provision (d)

All information related to sexual victimization or abusiveness that occurred in an institutional setting is restricted to medical and mental health practitioners, and to those staff with a legitimate need to know for purposes of treatment, management, or security planning. Intake and medical staff confirmed this practice.

The Auditor verified that all medical and mental health records are housed in a secure, separate database. Only healthcare staff can directly access these files. Classification and high-level staff receive only the information necessary to make informed decisions, and only after access has been justified.

Provision (e)

Medical and mental health professionals obtain informed consent before reporting information about prior sexual victimization that occurred outside of an institutional setting, unless the inmate is under the age of 18. This requirement is clearly stated in Policy 204.0 and was confirmed through staff interviews.

CONCLUSION

After a thorough review of documentation, policies, and staff interviews, the Auditor concludes that the Georgetown County Detention Center fully complies with all

	provisions of the standard related to medical and mental health follow-up for individuals with a history of sexual abuse. Procedures are clear, consistently implemented, and protective of both confidentiality and inmate safety.
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Auditor reviewed the Georgetown County Detention Center (GCDC) Pre-Audit Questionnaire (PAQ) and supporting documentation, including:</p> <ul style="list-style-type: none"> • GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training Policy 108.0 – Prison Rape Elimination Act, effective January 1, 2018. <p>INTERVIEWS</p> <p>Medical Staff</p> <p>Licensed medical personnel described a structured and timely response to reports of sexual abuse. Upon arrival at the medical unit, a physician conducts an initial evaluation to determine the nature and extent of injuries. Based on this assessment, the physician decides whether the individual requires immediate hospital transport or whether activation of the Sexual Assault Response Team (SART) is appropriate.</p> <p>If SART deployment is warranted, a nurse provides treatment recommendations prior to the individual's departure from the facility, and the attending physician issues formal medical orders. Medical staff also inform individuals of their options regarding prophylactic treatment for sexually transmitted infections (STIs) and other clinically appropriate care.</p> <p>Mental Health Staff</p> <p>The facility does not employ on-site mental health practitioners. Mental health services are provided through community-based resources. No interviews were conducted with mental health providers for this standard.</p> <p>First Responders (Security and Non-Security Staff)</p> <p>Security Staff reported that their primary responsibility is to ensure the victim's immediate safety and preserve potential evidence. They confirmed that medical staff are promptly notified according to established procedures.</p> <p>Non-Security Staff stated their role is to provide comfort and safety to the victim, notify security staff, and remain with the individual until relieved by security or medical personnel.</p>

Inmates Who Reported Abuse

At the time of the on-site audit, no incarcerated individuals had reported sexual abuse within the previous twelve months; therefore, no inmate interviews were conducted for this standard.

PROVISIONS**Provision (a)**

Documentation and interviews confirm that individuals reporting sexual abuse receive immediate and unobstructed access to emergency medical and crisis intervention services. These services are delivered by qualified health professionals, guided by clinical judgment. Forensic medical examinations are conducted off-site, typically at a local hospital, by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE). If a SAFE/SANE is unavailable, another qualified healthcare provider performs the examination.

Policy 108.0 affirms GCDC's commitment to either contract with trained outside agencies or provide qualified in-house services through the contracted healthcare provider. At a minimum, these services include:

- Mental health crisis intervention and treatment;
- Social, family, and peer support;
- Medical treatment, including HIV and STI testing, emergency contraception, and STI prophylaxis, in accordance with professionally accepted standards of care.

All treatment is provided at no cost, regardless of whether the victim names the perpetrator or participates in the investigation. The Auditor's review of the sole allegation of sexual abuse during the audit period confirmed that referrals to medical and mental health services were made well within required time frames.

Provision (b)

If qualified medical staff are not on duty when a report is received, security first responders take immediate protective measures, including safeguarding the victim and promptly notifying healthcare personnel. Interviews with first responders confirmed a consistent understanding of these responsibilities.

Policy 108.0 directs healthcare providers to assess the medical and mental health needs of victims and, if the incident occurred within 72 hours, to offer a sexual abuse medical examination conducted by a contracted outside facility utilizing a SAFE or SANE.

Provision (c)

Medical staff confirmed that emergency contraception and STI prophylaxis are offered in accordance with prevailing medical guidelines. Services are based on clinical need and provided in a timely and respectful manner. If pregnancy results from an assault involving vaginal penetration, comprehensive information on lawful pregnancy-related services is provided.

	<p>Policy 108.0 explicitly requires the provision of HIV/STI testing, emergency contraception, and STI prophylaxis in accordance with professionally accepted standards of care.</p> <p>Provision (d)</p> <p>All emergency medical services are provided without cost to the victim, regardless of whether they identify the perpetrator or agree to participate in the investigation. This practice was confirmed through the PAQ, policy review, and staff interviews. A SAFE/ SANE log is maintained to record the provision or refusal of services in each case.</p> <p>Policy 108.0 reiterates that all treatment services will be provided free of charge and without conditions tied to investigative cooperation.</p> <p>CONCLUSION</p> <p>Based on the review of documentation, staff interviews, and the examination of relevant records, the Auditor finds that GCDC meets all provisions of the standard regarding access to emergency medical and mental health services. The facility's practices are consistent with PREA requirements, ensure timely and clinically appropriate care, and protect victims' rights to receive services without financial cost or investigative preconditions.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>The review process began with a detailed examination of the Georgetown County Detention Center (GCDC) Pre-Audit Questionnaire (PAQ) and its accompanying documentation. This included an in-depth assessment of GCDC Policies and Procedures, specifically Chapter 100: Agency Administration, Management and Training, Policy 108.0 – Prison Rape Elimination Act, which has been in effect since January 1, 2018. These materials provided the foundation for understanding the facility's approach to preventing, responding to, and treating incidents of sexual abuse.</p> <p>INTERVIEWS</p> <p>Medical Staff</p> <p>Conversations with members of the facility's medical team revealed a consistent, trauma-informed, and victim-centered philosophy guiding their work. Staff described a coordinated, multidisciplinary response that ensures any person who discloses sexual abuse is immediately met with compassionate, clinically appropriate care.</p>

The medical process begins with swift intervention—medical and mental health support is initiated as soon as a disclosure or incident is identified. Assessments are tailored to each individual’s needs, allowing treatment to be guided by professional judgment and current clinical standards.

All care is provided free of charge, without any conditions tied to investigative participation or the identification of a perpetrator. The level of care meets or exceeds community healthcare standards, ensuring incarcerated individuals are not disadvantaged compared to patients in outside medical systems.

Confidentiality is paramount. Only those directly involved in providing care or conducting the investigation receive relevant information. Victims are also promptly offered emergency contraception, pregnancy testing, and STI prophylaxis when medically appropriate.

Follow-up care is integrated into treatment planning, with referrals arranged for those leaving the facility or transferring elsewhere. In addition, known inmate-on-inmate abusers are referred for a mental health evaluation within 60 days of identification, with treatment options available as indicated. Medical staff also ensure timely STI testing for victims in alignment with established protocols.

PREA Compliance Manager (PCM)

The PREA Compliance Manager confirmed the facility’s commitment to ensuring that all victims of sexual abuse—regardless of cooperation with investigations—have access to comprehensive medical and mental health services at no cost.

Inmates Who Reported Sexual Abuse

At the time of the on-site audit, there were no individuals in custody who had reported sexual abuse; therefore, no inmate interviews under this standard were conducted.

PROVISIONS

Provision (a)

The PAQ and staff interviews confirmed that GCDC guarantees access to thorough medical and mental health evaluations and ongoing treatment for anyone who reports sexual abuse—whether it occurred at GCDC or in another detention setting.

Review of facility records showed clear documentation of community-standard care, including STI testing and treatment, psychiatric and psychological services, and crisis intervention—all provided without cost and without requiring the naming of an abuser. Medical staff affirmed that treatment is immediate, clinically driven, and collaborative. Emergency contraception and STI prophylaxis are routinely offered when indicated.

Policy 108.0, Prison Rape Elimination Act, explicitly requires that all victims receive evaluation, treatment, follow-up care, and referrals when necessary, including after

release or transfer.

Provision (b)

Follow-up services and referrals for continued care are built into the treatment process. Documentation demonstrated detailed medical and mental health evaluations, along with scheduled follow-up appointments. Staff confirmed these visits are routine and ensure continuity of care.

Provision (c)

The quality of care at GCDC matches that found in community healthcare systems. Interviews underscored the medical team's commitment to equity in care standards. Policy further mandates that victims of sexually abusive vaginal penetration be offered pregnancy testing.

Provision (d)

Victims of sexually abusive vaginal penetration are offered pregnancy testing in accordance with both policy and clinical needs. Medical staff interviews confirmed this practice. If pregnancy occurs, victims receive prompt and thorough information on all lawful pregnancy-related services.

Provision (e)

In cases where sexual abuse results in pregnancy, the facility ensures victims have timely access to all relevant information and medical services permitted by law.

Provision (f)

The PAQ and medical staff confirmed that all victims are offered testing and treatment for sexually transmitted infections. Policy specifies that services include HIV testing, other STI testing, emergency contraception, and prophylaxis—always in accordance with professional standards of care.

Provision (g)

PREA-related care—medical and mental health—is provided at no cost, without requiring the victim to cooperate with investigations or identify an abuser. The facility maintains a SAFE/SANE log documenting all services offered, delivered, or declined.

Provision (h)

The facility strives to complete a mental health evaluation for all known inmate-on-inmate abusers within 60 days of identification. Treatment is provided as clinically appropriate. Policies also require contracting with or utilizing qualified staff for counseling and crisis intervention services.

CONCLUSION

After reviewing records, policies, interviews, and the PAQ, the Auditor determined that the Georgetown County Detention Center fully meets each provision of the standard

	for ongoing medical and mental health care for victims of sexual abuse. The facility's practices reflect a professional, compassionate, and standards-based approach that prioritizes dignity, safety, and continuity of care for every individual affected.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The Georgetown County Detention Center (GCDC) provided a comprehensive set of materials for evaluation. This included the Pre-Audit Questionnaire (PAQ) and all related supporting documentation, as well as the facility's official policies and procedures. Among these, particular attention was given to Chapter 100: Agency Administration, Management, and Training, specifically Policy 108.0—Prison Rape Elimination Act, effective January 1, 2018. These documents outline the facility's commitments, responsibilities, and procedural requirements for compliance with the PREA standards.</p> <p>INTERVIEWS</p> <p>Facility Head Interview</p> <p>During the interview, the Facility Head gave a detailed account of the procedures surrounding sexual abuse incident reviews. They confirmed that each review is overseen by the Sexual Abuse Incident Review Team, a group composed of senior management personnel. While leadership provides direction, the process is intentionally collaborative. The Facility Head emphasized that input is actively sought from line supervisors, medical and mental health professionals, and investigative staff. All perspectives are valued, and deliberations take place in an environment designed to be constructive, data-driven, and improvement-focused. The approach is not merely reactive but proactive, ensuring alignment with both agency/facility policy and the PREA standards.</p> <p>PREA Compliance Manager (PCM) Interview</p> <p>In a separate discussion, the PREA Compliance Manager confirmed that the Sexual Abuse Incident Review Team produces a formal written report after every review. Copies of these reports are provided to both the Facility Head and the PCM. The PCM noted that the findings and recommendations are taken seriously and frequently result in tangible changes—whether that means refining procedures, adjusting staff assignments, or enhancing training strategies. These actions reinforce the facility's ongoing dedication to continual improvement and the promotion of sexual safety for all individuals in custody.</p>

Incident Review Team (IRT) Interview

A member of the Sexual Abuse Incident Review Team further described the team's composition and operational practices. While senior leadership provides oversight, the team purposefully involves personnel with direct operational, clinical, or investigative experience. Each review is conducted according to the requirements of PREA Standard §115.86 and established agency policy. The process includes a structured evaluation of every qualifying incident, resulting in a formal report submitted to the Facility Head and the PREA Compliance Manager. Even during periods with no qualifying incidents, the team remains trained and prepared to initiate prompt and thorough reviews whenever necessary.

PROVISIONS

Provision (a)

The PAQ confirms that a Sexual Abuse Incident Review (SAIR) is completed following every sexual abuse investigation with a substantiated or unsubstantiated finding. Reviews are not required for allegations determined to be unfounded.

Over the past twelve months, the facility completed one criminal and/or administrative investigation of alleged sexual abuse. After investigation it was determined to be substantiated.

According to GCDC Policy 108.0, Section 14(A), and consistent with PREA Standards 115.86(a)–(e), the Detention Center Director must ensure that a Sexual Abuse Incident Review Team is established to review all substantiated and unsubstantiated allegations. These reviews must occur within 30 days of the conclusion of an investigation, with a written report containing findings and recommendations submitted to the Detention Center Director and the PREA Coordinator. Allegations deemed unfounded are excluded from review.

Provision (b)

The PAQ reflects that in the past year, the single qualifying investigation at the facility was followed by a Sexual Abuse Incident Review within the required 30-day period.

Policy 108.0, Section 14(B), states that the Review Team will consist of upper-management employees, drawing input from shift supervisors, investigators, and healthcare professionals. Unfounded cases are excluded from review.

The PREA Coordinator confirmed the one case involved allegations of staff-on-incarcerated-person sexual abuse. This case was investigated both administratively and criminally. The findings were substantiated, leading to the immediate termination of the staff member's employment and a permanent ban from the facility. The administrative case was closed, and the criminal investigation remains ongoing.

Provision (c)

The PAQ and staff interviews confirm that the Sexual Abuse Incident Review Team's

membership includes upper-level leadership as well as a multidisciplinary group of professionals—line supervisors, facility investigators, and healthcare providers among them.

During the Facility Head interview, the composition of the team was affirmed, along with a commitment to incorporate recommendations from any member, regardless of role or rank.

Policy 108.0 reinforces this approach, mandating that input be sought from multiple disciplines to ensure a comprehensive review.

Provision (d)

Evidence from the PAQ and interviews shows that the Review Team evaluates incidents against a clear, consistent set of criteria, including:

- Determining whether policies or procedures require modification to better prevent, detect, or respond to sexual abuse.
- Considering whether motivating factors such as race, ethnicity, gender identity, sexual orientation (actual or perceived), gang affiliation, or other institutional dynamics may have played a role.
- Assessing the physical layout of the incident location for blind spots or barriers that may have contributed.
- Reviewing staffing levels for all relevant shifts during the time of the incident.
- Evaluating the adequacy of monitoring technology and identifying opportunities for enhancement or redeployment.

Policy 108.0, Section 14(C), sets these same requirements, ensuring that every review is comprehensive and preventive in nature.

Provision (e)

The PAQ affirms that recommendations from the Review Team are either implemented or accompanied by a written explanation if they cannot be adopted. This rationale is formally documented and maintained by the PREA Coordinator for record-keeping and reporting purposes.

Examples of documented reasons for non-implementation may include funding requests for equipment, staffing, or renovations that are denied by external authorities.

CONCLUSION

After reviewing all available documentation, policies, and interview statements, the Auditor concludes that GCDC meets every requirement of the PREA standard regarding sexual abuse incident reviews. The facility's processes demonstrate a proactive, multidisciplinary, and standards-driven approach to ensuring the safety and well-being of all individuals in its care.

115.87	Data collection
	<p data-bbox="256 185 959 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 342 576 376">DOCUMENT REVIEW</p> <p data-bbox="256 409 1469 745">The auditor’s review included a detailed examination of the Georgetown County Detention Center (GCDC) Pre-Audit Questionnaire (PAQ) along with all supporting documentation. Additionally, the auditor reviewed the GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, effective January 1, 2018, and the facility’s Annual PREA Report for 2023. Together, these materials provided a comprehensive picture of the facility’s approach to data collection, aggregation, and analysis in compliance with PREA standards.</p> <p data-bbox="256 779 456 813">INTERVIEWS</p> <p data-bbox="256 846 464 880">Facility Head</p> <p data-bbox="256 891 1477 1182">During the interview, the Facility Head explained that the agency follows a structured, system-wide process for collecting and analyzing incident-based sexual abuse data at least once each year. This practice is designed to identify patterns, track emerging trends, and pinpoint areas that may require corrective action across the detention system. The Facility Head stressed that the agency’s efforts are rooted in a commitment to both transparency and accountability, ensuring that prevention and response strategies remain effective and responsive to the needs of those in custody.</p> <p data-bbox="256 1216 791 1249">PREA Compliance Manager (PCM)</p> <p data-bbox="256 1261 1477 1585">In a separate interview, the PREA Compliance Manager described their role in the monthly collection of accurate and complete data for every allegation of sexual abuse involving incarcerated individuals. This includes both incidents of incarcerated person-on-incarcerated person abuse and allegations of staff sexual misconduct. The PCM detailed the facility’s reliance on standardized definitions and reporting tools to ensure consistency, accuracy, and comparability of data. They further emphasized the importance of precise documentation in supporting investigations, improving institutional practices, and ensuring compliance with federal reporting requirements.</p> <p data-bbox="256 1619 435 1653">PROVISION</p> <p data-bbox="256 1686 464 1720">Provision (a)</p> <p data-bbox="256 1731 1453 1899">The PAQ confirms that GCDC collects accurate, standardized data for every reported allegation of sexual abuse. This is achieved through the use of a uniform data collection instrument that incorporates nationally recognized definitions and classification categories.</p> <p data-bbox="256 1910 1477 2067">Policy 108.0, page 4, section 1.E, directs the PREA Coordinator to collect and maintain uniform data for every sexual abuse allegation at the detention center. At minimum, the collected data must be sufficient to address all questions in the Department of Justice’s Survey of Sexual Violence, which is sent to facilities on a recurring basis.</p>

Data sources may include reports, investigative findings, and results from sexual abuse incident reviews.

The review of GCDC's 2024 Annual PREA Report confirms that this provision is fully implemented and operational.

Provision (b)

The PAQ and agency policy affirm that incident-based sexual abuse data is aggregated at least annually.

Policy 108.0, page 14, section 1.F, states that the PREA Coordinator will analyze the collected data to assess the effectiveness of the facility's sexual abuse prevention, detection, and response strategies. This review informs recommendations and corrective action plans, which are documented in annual reports. These reports are presented to the Detention Center Director and designated stakeholders, and once approved, are made publicly available through the facility's website or other appropriate means.

Provision (c)

The PAQ further verifies that the agency ensures its data collection process includes all elements necessary to respond to the most recent version of the Department of Justice's Survey of Sexual Violence.

Policy 108.0, page 4, section 1.B, specifies that the PREA Coordinator is responsible for compiling statistics and information related to PREA incidents, programs, and activities. This includes documentation and data associated with corrective action plans as required by PREA Standards §§115.87(a)-(f), §115.88(a)-(d), and §115.89(a)-(d).

Provision (d)

The PAQ indicates that GCDC collects, maintains, and reviews data from all applicable sources, such as written reports, investigative records, and findings from sexual abuse incident reviews. This multi-source approach ensures that data collection is comprehensive and supports ongoing evaluation and improvement of facility operations.

Policy 108.0, page 4, section 1.E, reinforces this requirement, directing the PREA Coordinator to ensure the data collected is adequate to respond to the DOJ Survey of Sexual Violence and that it is gathered from all available reports, investigations, and review processes.

Provision (e)

Not applicable. GCDC does not contract for the housing of its incarcerated population; therefore, this provision does not apply.

Provision (f)

Not applicable. The Department of Justice has not requested the agency to submit all data from the previous year. However, if such a request were made, GCDC affirms it would provide the required information by the specified deadline.

CONCLUSION

After reviewing the PAQ, relevant policies, the 2023 Annual PREA Report, and

	information obtained through staff interviews, the auditor concludes that GCDC fully complies with all provisions of the PREA standard related to data collection. The facility demonstrates a consistent, well-documented process for gathering, analyzing, and maintaining incident-based data, with a strong emphasis on accuracy, accountability, and continuous improvement
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <p>The auditor examined the Georgetown County Detention Center (GCDC) Pre-Audit Questionnaire (PAQ) along with all supporting documentation provided for this standard. A thorough review was also conducted of the GCDC Policies and Procedures, Chapter 100: Agency Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, effective January 1, 2018. Additionally, the auditor evaluated the facility's 2023 Annual PREA Report to verify compliance with the requirements of data review, analysis, and reporting.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>During a comprehensive interview, the Facility Head demonstrated a strong grasp of PREA requirements related to the review of data and its use in guiding institutional improvement. The Facility Head explained that GCDC closely examines incident-based data for patterns—such as whether LGBTI individuals are being disproportionately targeted or whether a concentration of incidents is occurring in a particular area of the facility. When such patterns are detected, the facility responds with targeted actions, which may include revising policies, adjusting operational procedures, or implementing focused staff training.</p> <p>The Facility Head further confirmed that every PREA Annual Report undergoes an internal review process prior to publication on the GCDC website. This ensures the accuracy of information, compliance with PREA standards, and full transparency with the public. Data analysis is also used to measure the effectiveness of prevention, detection, and response strategies, supporting a continuous improvement model. This process includes identifying problematic trends, applying corrective measures, and documenting institutional responses in the annual report.</p> <p>PREA Compliance Manager (PCM)</p> <p>In a separate interview, the PREA Compliance Manager described GCDC's ongoing commitment to using data as a tool for informed decision-making. The PCM explained that the agency continuously collects and evaluates data related to sexual abuse allegations to inform policy updates, refine practices, and strengthen training. The PCM also confirmed that an annual report is prepared summarizing these findings and</p>

actions, which is then posted on the facility's official website to promote transparency and accountability.

PROVISIONS

Provision (a)

According to the PAQ, the agency reviews data collected and aggregated in accordance with §115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response efforts.

Policy 108.0, page 4, section 1.B, assigns the PREA Coordinator responsibility for collecting, maintaining, and reporting statistics and information related to PREA incidents, programs, and activities, including data related to corrective action plans as required under PREA Standards §§115.87(a)–(f), §115.88(a)–(d), and §115.89(a)–(d).

In addition, Policy 108.0, page 4, section 1.F, requires the PREA Coordinator to review the collected data to assess and enhance the facility's prevention, detection, and response strategies. This review informs annual reports containing recommendations and corrective action plans, which are then presented to the Detention Center Director and other designated stakeholders. Once approved, these reports are made available to the public via the website or other appropriate means.

During the PCM interview, the auditor confirmed that the agency routinely reviews §115.87 data to evaluate the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Annual reports are prepared, personally identifiable information (PII) is redacted when necessary, and the final reports are posted online. The Facility Head further emphasized that if data trends indicate targeted victimization—such as toward LGBTI individuals—or show increased incidents in a particular location, the agency may modify policies, procedures, or training accordingly.

Provision (b)

The PAQ states that GCDC's Annual PREA Report contains a comparative analysis of current-year data with data from prior years. This comparative approach helps evaluate progress in reducing sexual abuse and improving response measures. Interviews confirmed that the facility reviews its collected data to identify issues, address them through corrective action, and incorporate these measures into the annual report. The auditor's review of the 2023 Annual PREA Report verified that it follows PREA requirements, including year-to-year comparisons to track progress.

Provision (c)

This requirement is addressed within provisions (a) and (b). The Facility Head confirmed that they review all PREA Annual Reports prior to their posting on the facility's website. As required, GCDC makes these reports accessible to the public at: <http://www.gcsheriff.org/enforcement-division/detention-center/prea/>

The site includes the most recently available report, dated 2020.

Provision (d)

	<p>According to the PAQ, all annual reports are prepared without any PII. Should PII appear in any report, it is redacted prior to publication. The PCM confirmed that the PREA Coordinator is responsible for ensuring all required information is provided for reporting purposes, and that PII is removed before posting. Additionally, the PCM stated that sexual abuse data from incarcerated person-on-incarcerated person incidents is forwarded to the PREA Coordinator annually to ensure completeness of reporting.</p> <p>CONCLUSION</p> <p>Based on the review of documentation, policies, annual reports, and staff interviews, the auditor concludes that GCDC meets all provisions of the PREA standard regarding the review of data for corrective action. The facility's processes demonstrate a consistent and deliberate approach to identifying trends, addressing issues proactively, and using data to strengthen prevention, detection, and response strategies</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>The auditor reviewed the Georgetown County Detention Center (GCDC) Pre-Audit Questionnaire (PAQ) and supporting documentation, along with the facility's Policies and Procedures, Chapter 100: Agency Administration, Management and Training, Policy 108.0, Prison Rape Elimination Act, effective January 1, 2018. The 2023 Annual PREA Report was examined to confirm compliance with PREA requirements for data retention, publication, and destruction. The auditor also accessed and reviewed the facility's publicly available PREA webpage at: http://www.gcsheriff.org/enforcement-division/detention-center/prea/</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>During the interview, the Facility Head confirmed that both incident-based and aggregate data related to sexual abuse allegations are stored securely within the facility's restricted-access data system. Access is granted only to authorized personnel on a strictly "need-to-know" basis. The Facility Head also explained that relevant data is retained at the agency level to meet compliance reporting requirements, including completion of the Department of Justice's Survey of Sexual Victimization (SSV-2). Before public release, summaries are redacted to remove any personally identifying information, and the approved data is posted on the agency's public website to support transparency.</p> <p>PREA Compliance Manager (PCM)</p>

The PREA Compliance Manager emphasized the agency's strong commitment to safeguarding sensitive data. They described internal controls that strictly limit access to sexual abuse data to personnel with appropriate security clearance. The PCM confirmed that all data is handled in accordance with established policy and that the facility adheres to clearly defined retention schedules to ensure compliance.

PREA Coordinator (PC)

The PREA Coordinator provided a detailed explanation of the agency's data storage, retention, and publication processes. Data is stored locally in a secure Risk Management System with access restricted to authorized staff. At the agency level, data is compiled and maintained in compliance with §§115.87 and 115.89, supporting the agency's annual reporting requirements. The PC confirmed that all personally identifying information is removed prior to any public release. Each year, the agency publishes its annual PREA report on the official website, providing a comparative analysis of data over multiple years, describing corrective actions taken, and evaluating progress in addressing incidents of sexual abuse.

PROVISIONS

Provision (a)

The PAQ confirms, and interviews verified, that both incident-based and aggregate sexual abuse data are securely retained by the agency. Data is stored in multiple secure locations: at the facility level in a restricted-access system and at the agency level for federal reporting purposes, including completion of the SSV-2. Publicly accessible, redacted data is also available on the GCDC website.

Policy 108.0, page 4, outlines the agency's requirements for data collection and retention, including:

- The use of a standardized instrument and definitions to collect accurate, uniform data for every reported incident of sexual abuse.
- Aggregation of incident-based data at least annually.
- Inclusion of all data necessary to respond to the most recent DOJ Survey of Sexual Violence.
- Retention, review, and collection of all relevant documents, including reports, investigation files, and sexual abuse incident reviews, to complete the SSV.

Provision (b)

The GCDC PREA webpage serves as the agency's public portal for reporting sexual abuse data: <http://www.gcsheriff.org/enforcement-division/detention-center/prea/>

The PAQ and interviews confirmed that the annual publication of aggregate sexual abuse data is a standard practice, reflecting the agency's commitment to transparency.

Provision (c)

Both the PAQ and interviews confirmed that personally identifying information is removed before any aggregate data is posted online. The PC explained that reports

	<p>are intentionally written to exclude PII, eliminating the need for redaction in most cases. The auditor’s review of the published report confirmed that it meets all PREA compliance standards.</p> <p>Provision (d)</p> <p>The agency’s policy mandates the long-term retention of sexual abuse data. Policy 108.0, page 4, section 1.G, specifies that all data related to sexual abuse incidents, recommendations, and corrective action plans must be maintained for a minimum of ten years. This commitment to extended retention ensures historical data remains available for trend analysis, compliance verification, and institutional learning.</p> <p>CONCLUSION</p> <p>After reviewing all documentation, interviewing key staff, and examining public reports, the auditor concludes that GCDC fully complies with every provision of the PREA standard relating to the secure retention, publication, and eventual destruction of sexual abuse data. The facility demonstrates strong data protection measures, transparent public reporting, and adherence to long-term retention requirements, reinforcing both accountability and public trust.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>DOCUMENT REVIEW</p> <p>To evaluate compliance with PREA Standard §115.401 regarding the frequency and scope of audits, the Auditor conducted an extensive review of materials provided by the Georgetown County Detention Center (GCDC). This review included the facility’s completed Pre-Audit Questionnaire (PAQ) along with all supporting documentation. The Auditor also examined GCDC’s internal policy framework, specifically Chapter 100: Agency Administration, Management, and Training, Policy 108.0 – Prison Rape Elimination Act, effective January 1, 2018. Additionally, the Auditor reviewed information publicly available on GCDC’s website, including PREA-related resources and audit reports: https://www.gcsheriff.org/enforcement-division/detention-center/prea/.</p> <p>INTERVIEWS</p> <p>Facility Head</p> <p>During the on-site interview with the Facility Head, it was confirmed that GCDC had undergone an audit within the most recent three-year audit cycle, in accordance with PREA requirements. The Facility Head also verified that completed audit reports are made publicly accessible on the agency’s PREA webpage to ensure transparency and accountability.</p>

	<p>PROVISIONS</p> <p>Provision (a)</p> <p>The Facility Head confirmed that the most recent audit was conducted in 2023. A copy of the 2023 audit report is available on GCDC's PREA webpage for public review: https://www.gcsheriff.org/enforcement-division/detention-center/prea/.</p> <p>Provision (b)</p> <p>An interview with the PREA Coordinator revealed that the 2023 audit occurred during the third year of the fourth audit cycle. The GCDC website also provides facility-specific reports detailing sexual abuse data in accordance with PREA standards, ensuring transparency regarding agency operations and outcomes.</p> <p>Provisions (c)-(g) and (j)-(l), (o)</p> <p>Not applicable for this audit.</p> <p>Provision (h)</p> <p>During the on-site audit, the Auditor was granted unrestricted access to all areas of the facility. Both the PREA Compliance Manager and a Captain accompanied the Auditor as requested, ensuring full transparency and availability of any area or documentation needed for a comprehensive review.</p> <p>Provision (i)</p> <p>Throughout the audit process, GCDC consistently provided the Auditor with all requested documentation and information in a timely and complete manner.</p> <p>Provision (m)</p> <p>The Auditor was provided with a secure, private space to conduct interviews during the on-site portion of the audit, ensuring confidentiality and comfort for all participants.</p> <p>Provision (n)</p> <p>During interviews, all inmates confirmed they were afforded the opportunity to communicate with the Auditor through confidential correspondence, similar to communication protocols used with legal counsel.</p> <p>CONCLUSION</p> <p>After a thorough review of all relevant documentation, interviews, and on-site observations, the Auditor has determined that the Georgetown County Detention Center fully complies with every provision of PREA Standard §115.401 regarding the frequency and scope of audits. The facility demonstrates a strong commitment to transparency, accessibility, and adherence to PREA requirements.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>The Georgetown County Detention Center (GCDC) maintains a publicly accessible PREA webpage, available at: https://www.gcsheriff.org/enforcement-division/detention-center/prea/</p> <p>PROVISION (f)</p> <p>In accordance with the requirements outlined in Provision (f), the GCDC’s website offers a variety of reports and statistical data related to incidents of sexual abuse. These documents are made available in alignment with the Prison Rape Elimination Act (PREA) standards, ensuring transparency and accountability. The posted materials allow members of the public, oversight bodies, and other stakeholders to review relevant information concerning facility efforts, reported incidents, and compliance activities. This commitment to open access underscores the facility’s dedication to meeting both the letter and spirit of PREA requirements.</p> <p>CONCLUSION</p> <p>After conducting a thorough review and analysis of the provided documentation and online resources, the Auditor concludes that GCDC fully meets all provisions of the applicable standard regarding the publication of audit contents and findings. The availability of detailed, accessible information demonstrates the facility’s adherence to mandated reporting practices and reflects its ongoing commitment to transparency and PREA compliance.</p>
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Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	na

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone 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 (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of 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 (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b) Policies to ensure referrals of allegations for investigations		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c) Policies to ensure referrals of allegations for investigations		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a) Employee training		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all 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?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening 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?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	no

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization 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?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure 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? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit 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?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established 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?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing 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 who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions 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?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do 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?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403	Audit contents and findings	

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>