

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: March 17, 2017

Auditor Information			
Auditor name: Joli Rish Shumpert, CJM, CCM			
Address: PO Box 165, Pelion SC 29123			
Email: jolishumpert@hotmail.com			
Telephone number: 803-730-9619			
Date of facility visit: February 6-8, 2017			
Facility Information			
Facility name: Lexington County Detention Center			
Facility physical address: 521 Gibson Road, Lexington SC 29072			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 803-785-8230			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Major Kevin Jones, Detention Bureau Commander			
Number of staff assigned to the facility in the last 12 months: Click here to enter text.			
Designed facility capacity: 599			
Current population of facility: 758			
Facility security levels/inmate custody levels: Minimum, medium, maximum			
Age range of the population: 17 and older			
Name of PREA Compliance Manager: Walter Todd		Title: Sergeant	
Email address: WTodd@lcsd.sc.gov		Telephone number: 803-785-2708	
Agency Information			
Name of agency: Lexington County Sheriff Department			
Governing authority or parent agency: <i>(if applicable)</i> Lexington County Government			
Physical address: 521 Gibson Road, Lexington SC 29072			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 803-785-8230			
Agency Chief Executive Officer			
Name: Sheriff Bryan "Jay" Koon		Title: Sheriff	
Email address: Click here to enter text.		Telephone number: 803-785-8230	
Agency-Wide PREA Coordinator			
Name: Jeremy Vetter		Title: Lieutenant	
Email address: JVetter@lcsd.sc.gov		Telephone number: 803-785-2704	

AUDIT FINDINGS

NARRATIVE

The PREA Audit of the Lexington County Detention Center was conducted February 6-8, 2017. The Designated Auditor was Joli Rish Shumpert, dually certified PREA Auditor. The agency was well prepared for, and very receptive to, the PREA audit and all components of the process. In the week prior to the audit, the Auditor began receiving electronic files containing the education materials and formats for both inmates and staff, organizational structure, policies and procedures, technology upgrades, physical layout of the facility, pre-audit questionnaire, and secondary documentation.

During the three days on-site, the Auditor toured the facility, reviewed documentation, and conducted staff and inmate interviews. The Auditor was able to assess culture of the agency and climate of the facility. The agency provided a workspace for the audit, did not impede the audit, and allowed the Auditor access to the entire facility.

The on-site portion of the audit began at approximately 08:00 with an introduction to all key staff and briefing to state the purpose of the audit and to answer any questions that staff may have concerning the audit process. Following the entrance meeting, the Auditor was provided a thorough tour of the entire facility which lasted approximately 2 hours. Facility tour participants included Major Kevin Jones, Detention Bureau Commander, Lt. Cain Mayrant, Lt. Clawson, Lt. Jeremy Vetter, PREA Coordinator, and Sgt. Walter Todd, PREA Compliance Manager.

The tour began in Central Control where the Auditor observed camera systems, placement and viewing areas. The tour then continued into Booking where the Auditor was able to observe the intake and screening process and the type of sexual safety information that was available to offenders upon arrival. The walking tour then led us into the housing areas where questions were asked informally of the inmates and staff. Other areas were also toured to include the facility kitchen, dry storage, and dining areas, the medical clinic, laundry, and staff areas. Administrative office spaces are in a separate building, but collocated on the same grounds as the Detention Center. PREA informational notices, as well as notices of the upcoming audit, were posted throughout the facility and officer and staff areas. No correspondence was received by Auditor in advance of the audit.

During the tour of the kitchen area, the Auditor observed areas that were notated as potential blind spots. The Auditor was informed how these areas are being addressed with the installation of additional camera systems specifically in those areas and that the elimination of any and all blind areas is of paramount importance to the Agency. The PREA Coordinator and the PREA Auditor discussed new technology placement possibilities to allow maximum viewing and recording coverage.

Following the walking tour, the Auditor began interviews. The Auditor formally interviewed seventeen (17) staff including specialized staff and informally interviewed line staff in each housing area and intake during walking tour. Where roles were duplicated, those specialized staff interviews were consolidated. On the first on-site audit day, the Auditor formally interviewed twenty-one (21) inmates which were taken from random sampling pools, both male and female. The methodology of random sampling used by the Auditor was to enter each housing unit and select various individuals on sight. By utilizing this approach to sampling, this allows the Auditor to be able to interview individuals of varying races, ethnicities, genders, physical stature, ages, incarceration periods and offenses, custody levels and other factors.

Inmates from every classification level were interviewed and where incarceration lengths ranged from 6 days to 4 years. Of those interviewed, most had been booked in off the street, but there were some that had transferred in from other facilities.

All inmates interviewed were very well informed of their right to be free from sexual harm in confinement and, when asked if they felt safe from sexual harm/assault/abuse at the LCDC, all inmates interviewed answered in the

affirmative.

On the second on-site audit day, the Auditor continued inmate interviews and conducted 9 more formal inmate interviews which included inmates placed in disciplinary detention, youthful inmates, one inmate which had disclosed, and additional female inmates.

There were no inmates that identified as lesbian, gay, or transgendered available for interview on the dates that the auditor was on-site. While the facility reported housing transgendered inmates in the recent past, the length of stays were very short term, with holding being estimated at 8 hours. Staff interviews concluded that the facility does have a transgender accommodation plan in place and adheres to the plan. Staff assured the Auditor that transgendered inmates are housed where they are able to feel free from sexual harm.

On-site compliance documentation review filled the majority of the third on-site audit day. The agency had every policy, procedure, and protocol layed out in folders that corresponded with the standard which allowed the Auditor to have quick access or reference to policy, lesson plans, staff communications, memorandums, etc. While the most current policies are awaiting signature by Legal Counsel, the facility is adhering to the policy manual as written.

The Auditor was led to a secure file cabinet where the PREA LE investigative files were maintained for the preceeding 12 months. The Auditor was impressed by the amount of investigative information contained within those files. The Auditor found those investigative files to be secured away from access of uninvolved personnel and the Auditor found this information to be complete and consistent. The standards were also consistently applied to each report/disclosure case. The Auditor was able to ascertain that ALL report/disclosure cases are handled immediately and efficiently and that all reports are treated equally.

Based upon the Auditor review of those records, the Auditor feels as though no complaints are ever dismissed or shrugged. This was confirmed by viewing hand written notes and letters received from inmates by staff that were handed over immediately, informal and formal victim/witness statements, and where each file contained a sexual assault review team notes where problem areas are sought, identified, addressed and remediated as soon as possible post SART meeting.

Health care and mental health services are provided by Correct Care Solutions. The Auditor feels the level of care received by inmates at the Lexington County Detention Center are not only commensurate with the level of care received in the community, but in some ways, may even exceed routine health care access in the community. The facility uses Lexington Medical Center for SAFE/SANE forensic examinations and Sexual Trauma Services of the Midlands for advocacy services. The facility uses the Lexington County Sheriff's Office and the State Law Enforcement Division to investigate criminal sexual abuse and sexual harassment allegations. The facility has been very proactive in developing formal protocols for responding to PREA related incidents and ensuring the safety of all inmates. The facility has first responder flow charts and diagrams available to ensure each and every protocol is attended to as prescribed by PREA standards.

When the on-site portion of the Lexington County Detention Center audit was complete, the Auditor conducted an out-briefing and exit meeting. While it was communicated that the final results of the audit could not realistically be stated at that time and that there was some additional policy review still yet to take place, it was stated that the preliminary results showed no current matters of non-compliance. The Auditor gave an overview of the audit and the remaining elements with a schedule of deliverables and thanked Sheriff Bryan "Jay" Koon and his staff for their hard work and commitment to sexual safety in confinement. It is truly an affirmation of the commitment the agency demonstrates towards compliance with the federal standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Lexington County Sheriff's Department is a full-service law enforcement agency that is dedicated to serving the more than 270,400 citizens in Lexington County, South Carolina. The Sheriff's Department is an internationally accredited law enforcement agency that is headquartered in the Town of Lexington, which is located in the metropolitan Columbia or "Midlands" region of South Carolina.

Lexington County Sheriff's Department received its initial award of The Commission on Accreditation for Law Enforcement (CALEA) accreditation in 1999. Every three years since the initial, the department demonstrates to an assessment team our maintained compliance with CALEA standards. LCSD was re-assessed in 2014 and was awarded its sixth Advance Accreditation award.

This facility currently holds an accreditation by The National Commission on Correctional Health Care (NCCHC) which was initially awarded in 2008 and the facility renews this accreditation every 3 years thereafter.

The Sheriff's Department is also responsible for the operation and security of the 599-bed Lexington County Detention Center, and which serves as the primary holding facility for all individuals who are arrested and jailed in Lexington County. The detention facility is located at the Lexington County Law Enforcement Complex at 521 Gibson Road, Lexington, South Carolina. The Agency operates only one facility and there are no industry programs.

The stated mission of the Lexington County Sheriff's Department is "to provide professional law enforcement services that enhances the quality of life for all people in Lexington County". **The agency demonstrates its commitment to sexual safety of those offenders entrusted to their care by maintaining a ZERO Tolerance Policy for Sexual Assault / Abuse / Harassment.**

Correctional officers at the Detention Center provide humane and safe confinement of inmates who have been convicted and sentenced and inmates who are awaiting trial. On average, the Detention Center houses more than 700 inmates. The 2016 ADP was 771.

The oldest part of the Detention Center (maximum security) is designed to house 102 inmates and was built in 1975. In 1991, an annex (medium security) that is designed to house 176 inmates was constructed. In 1999, a new maximum and medium-security facility was added to house an additional 321 inmates. The Detention Center houses adult male and female inmates for municipal, county, state and federal law enforcement agencies. The Detention Center maintains the integrity of the facility through a secure perimeter security system which ensures inmates are secured and that access by the general public is denied without proper authorization. The identification and registration of all visitors is required.

About 133 correctional officers, administrative and supervisory personnel are assigned to work at the Detention Center. The Sheriff's Department employs at least five internationally certified corrections professionals. The professional principles of the American Jail Association, American Correctional Association and National Commission for Correctional Health Care guide the management and operation of the detention facility. This responsible management, combined with continual training of staff, help maintain control of operations in the most cost-effective manner.

The Detention Center offers several counseling programs through LRADAC for inmates who are addicted to alcohol and drugs in order to provide them with an opportunity to make changes in their personal lives that will reduce the likelihood that they will be arrested and jailed again for committing additional crimes after they are released from the detention facility.

SUMMARY OF AUDIT FINDINGS

The Auditor found the inmates to be well educated on and clearly aware of PREA Standards and that the facility has a culture of ZERO Tolerance that they stand behind. The facility does an excellent job of educating both staff and inmates in regards to PREA.

Number of standards exceeded: 3

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

Auditor 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.

The agency affirms and demonstrates its commitment to sexual safety of those offenders entrusted to their care by maintaining a ZERO Tolerance Policy for all forms of Sexual Assault / Abuse / Harassment in confinement. This ZERO Tolerance Policy is institutionalized into agency culture through policy statement, procedures, and continuous education of inmates, staff, contractors and volunteers, and training and awareness.

Agency Policy 404.6 Sexual Assault/Sexual Harassment also states that all allegations of sexual abuse or sexual harassment will be immediately referred for investigation. This policy outlines definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

The policy includes sanctions for those found to have participated in prohibited behaviors. Under SC Code § 44-23-1150, sexual misconduct between staff and inmates, volunteers or contract personnel and inmates, regardless of consensual status, is prohibited and subject to administrative and/or criminal disciplinary sanctions. Termination is presumed where there are material findings that staff have violated the ZERO tolerance policy. LCDC is well prepared to notify the certifying body to revoke certification and credentialing for violation of the oath of public trust. LCDC is also prepared to notify LE where criminal investigation is deemed necessary.

Agency Policy 404.6 also outlines Agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates through education of inmates, staff, contractors and volunteers, disciplinary sanctions for both inmate and staff where policy violations have taken place, through sexual assault incident reviews, and data collection and review for corrective action.

Policy 102 Contract Personnel mandates Contractor compliance with the policy on "ZERO TOLERANCE" toward all forms of sexual abuse and sexual harassment and states that remedial measures shall be taken against any contractor or volunteer who engages in sexual abuse. Said contractor or volunteer shall be prohibited from future contact with inmates and shall be reported to not only facility command, but to LE investigators as well.

The agency employs a PREA Coordinator at upper level and the facility and also has a PREA Compliance Manager, although it operates only one facility. The PREA Compliance Manager works closely under the supervision of the PREA Coordinator. During the Auditor interview with the PREA Coordinator, it was indicated that the Coordinator has sufficient time and authority to develop, implement, and oversee the Agency's efforts to comply with the PREA Standards. Auditor was provided with a written job description for the PREA Coordinator which specifically outlined PREA-related duties.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

Auditor 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.

The Lexington County Detention Center does not contract with private entities or other agencies for the confinement of inmates.

The PREA Coordinator is assigned to contract monitoring to ensure that any new contract entered into or any contract eligible for renewal after the date of the initial PREA audit is PREA compliant.

The PREA Coordinator will continuously monitor the contractor's compliance with PREA Standards. Staff are aware of neighboring county facilities that maintain PREA compliant status in the event there is ever a need for a temporary housing transfer.

Standard 115.13 Supervision and monitoring

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

Auditor 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.

South Carolina Association of Counties conducts the yearly staffing analysis of LCDC which is substantially followed. Any deviation from the staffing plan is documented. The Lexington County Council has approved the addition of twelve (12) additional staff members this year and LCDC is working to fill those positions. The Agency has just recently created a full-time recruiter position as of mid-2016 to expedite filling those vacancies and to market itself appropriately to qualified applicants.

LCDC is not under any judicial findings of inadequacy, any findings of inadequacy from Federal agencies, or any finding of inadequacy from internal or external oversight bodies. There are no Federal consent decrees or orders.

The Agency's PREA Coordinator works jointly with the Detention Bureau Commander to ensure the staffing plan is appropriate and substantially followed.

Policy 300 F. Inmate Supervision/Unannounced Rounds require staff to conduct regular, unscheduled rounds and PREA Audit Report

intermediate level or higher level supervisors to conduct and document unannounced rounds to identify, prevent and deter staff sexual abuse and sexual harassment. Rounds cover all shifts as they are conducted on both day and night shifts. The policy also prohibits staff from alerting other staff of the conduct of such rounds and this practice was confirmed through inmate and staff interviews.

Rounds are documented in the department's JMS. Auditor was provided a visual tour of those rounds in the JMS system as well as a printout of those same logs.

Standard 115.14 Youthful inmates

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

Auditor 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.

LCDC has a statutory obligation to house 17 year old offenders as adults in their facility. However, the facility maintains sight and sound separation from adult offenders 18 years and older by housing youthful offenders in a dedicated separate housing unit. This dedicated housing unit is effective in prohibiting physical contact with any adult inmate through the use of any shared dayroom or other common space, shower area, or sleeping quarters.

There were no youthful inmates placed in the same housing unit as adult offenders and youthful offender uniforms are color coded differently so youthful offenders are recognizable at a glance by staff members.

At the time of the on-site audit, there were two (2) youthful male offenders housed. Both inmates were interviewed and both indicated in the affirmative that they were educated on PREA, their rights to be free from sexual abuse in confinement, as well as their reporting options should there be a need to disclose. Youthful inmates interviewed indicated in the affirmative that they were receiving large muscle exercise daily, access to commissary, and visitation privileges. Both youthful inmates interviewed also indicated that they that they felt safe from harm in their housing unit. There were no legally required education services for youthful inmates at the time of on-site visit. There were no instances of exigent circumstances where access to exercise, education, other privileges or programs were denied.

Policy 300 F. Inmate Supervision/Youthful Inmates requires officers to maintain sight and sound separation between youthful inmates and adult inmates in areas outside of their housing units OR provide direct supervision when youthful inmates and adult inmates have sight, sound or physical contact such as in Booking. This policy also states that the facility shall make best efforts to avoid placing youthful inmates in isolation to comply with the standard.

Standard 115.15 Limits to cross-gender viewing and searches

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

Auditor 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.

The Auditor toured the facility’s Central Control area where the Auditor observed camera systems, placement and viewing areas. The LCDDC limits cross-gender viewing via camera systems either through placement or by digitally pixelating toileting areas to the point at which no detail can be resolved. The auditor toured the Housing Units and there was some initial toileting privacy concerns in housing units A, D, and F. Auditor asked the facility to modify toileting areas in the three housing areas in order to comply with the PREA standards as staff had a direct line of sight into toileting areas and the inmates could easily be observed by staff of the opposite gender tending to toileting needs. Auditor and staff discussed the issue in detail and explored solutions jointly. The facility made the requested adjustments and by re-tour on next on-site date, Auditor observed privacy in toileting, showering and changing clothes through the use of paneled shower curtains or use of stationary partition panels in all housing areas. This system is effective in allowing for safety and security while still offering privacy during showering and toileting and this limits cross-gender viewing. All inmates interviewed felt that they were able to shower, change clothes, and attend to toileting needs without being viewed disrobed by staff members. All inmates interviewed understood the opposite gender announcement and cover-up rule. Auditor observed opposite gender announcement placards at the exterior entrance to each housing unit as a visual reminder to opposite gender staff to announce presence.

Policy 300.12 Inmate/Facility Searches governs inmate searches and specifically prohibits cross-gender strip searches or cross-gender visual body cavity searches, as well as pat-down searches of females, absent exigent circumstances. Further, the policy requires that in the event exigent circumstances exists and staff to perform any of these types of searches, all information related to these types of searches shall be documented. During Auditor on-site visit, there were no records of cross-gender searches having taken place.

Staff have received training on facility policy and on conducting cross-gender pat down searches of transgender and intersex inmates in a professional and respectful manner and consistent with security needs as evidenced by signature sheets collected at the time of training, as well as electronic signatures captured in PowerDMS™.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

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

Auditor 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.

LCDC contracts with Language Line Services, Inc. for interpretation and translation availability includes Spanish, Chinese, French, Japanese, Polish, Russian, Vietnamese, German, Italian, Korean and all other languages to ensure effective communication with inmates who are limited English proficient. English and Spanish are the predominant languages spoken at LCDC. There are also approximately six (6) bi-lingual Spanish speaking staff members and one (1) nurse as well. Inmates are never used as translators.

TDD is available for inmates with disabilities. PREA information and education is presented orally by staff to those inmates who may have limited reading skills.

Standard 115.17 Hiring and promotion decisions

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

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Auditor formally interviewed HR Lieutenant as part of Specialized Staff Interviews. The Agency currently has 24 vacancies and is extremely committed to reaching its goal of filling those vacancies. The Agency has just recently created a full-time recruiter position as of mid-2016 to expedite filling those vacancies and to market itself appropriately to qualified applicants. All pre-employment background checks are conducted in accordance with standards, federal states and local law.

Policy 102 Contract Personnel requires a criminal history check to be completed on all contract personnel prior to work assignment and this is approved by the Bureau Commander.

Agency exceeds the standard requirement of background checks every five years by conducting criminal background checks on contractors once each year and agency employees once every two years.

Standard 115.18 Upgrades to facilities and technologies

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

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LCDC is currently undergoing a major technology upgrade from all analog stationary supervision and monitoring systems to newer digital technology that will allow for pan-tilt-zoom x3. This is a large expenditure for the department and with this technology upgrade, they will then be able to cover all identified blind spots which will allow for increased supervision, monitoring, and coverage. The new technology also has audio capability, which is retained for a minimum of 15 days and a maximum of 30 days unless an event has taken place where video footage would be needed. In the event of a reported incident, LCDC will download any and all available corresponding footage and retain indefinitely. Technology upgrades have been well budgeted for and placement and coverage areas have been thoroughly thought through to eliminate blind spots. Central Control is manned 24 hours a day by a trained Correctional Officer.

The last addition to the LCDC facility was in 1999. Since that time, there have been no renovations, modifications, or expansions to facilities. While some portions of the facility are of older design, LCDC understands the importance of regular, unannounced rounds and have trained their staff to deter, detect, and immediately respond to incidents of harm. LCDC is currently seeking the addition of intercom systems as well in some of the older portions of the facility. This has been requested in the budget and will continue to be requested until approved.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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The facility offers all inmates who experience sexual abuse access to forensic medical exams through Lexington Medical Center for SAFE/SANE forensic examinations. These services are offered without financial costs, and where evidentiarily or medically appropriate.

The facility has been very proactive in developing formal protocols for responding to PREA related incidents and ensuring the safety of all inmates. The facility has first responder flow charts and diagrams available to ensure each and every protocol is attended to as prescribed by PREA standards. All staff and contractors interviewed could describe the response and procedures for first response and evidence handling.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor 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.

The facility has been very proactive in developing formal protocols for responding to PREA related incidents and ensuring the safety of all inmates. The facility has first responder flow charts and diagrams available to ensure each and every protocol is attended to as prescribed by PREA standards.

The facility conducts a preliminary investigation following an allegation and the information obtained is then forwarded to the assigned Major Crimes Investigator of the Lexington County Sheriff's Department and/or the State Law Enforcement Division to investigate criminal sexual abuse and sexual harassment allegations. If substantiated, policy requires the facility to then notify the Solicitor's office for criminal prosecution.

The Lexington County Sheriff's Department is an internationally accredited, full-service law enforcement agency which has the legal authority to conduct criminal investigations.

Auditor interviewed the LE Major Crimes Investigator during Specialized Staff Interviews. Auditor also reviewed documentation of reports of sexual abuse and harassment and documentation of investigations conducted, including full investigative reports with findings.

Agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is made publicly available through the agency website at <http://www.lexingtonscsheriff.com/prea-prison-rape-elimination-act/> and outlines the responsibility of both the agency and the investigating entity.

Standard 115.31 Employee training

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

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The Auditor conducted both inmate and staff interviews and found evidence of intensive PREA education related training. Staff training is conducted during roll call reviews, regular in-service training, and special in-service training has also been called specifically to address PREA. PREA education and information was posted throughout the facility via the use of informational bulletin boards which could be referenced at any time and was also available through PowerDMS™ where electronic signatures of training received and reviewed were stored. All training is conducted department wide and remains as an alert in PowerDMS™ until viewed and signed. The Accreditation Manager maintains these logs and there are plans in place to address training once an employee returns from any type of extended leave such as military or medical leave. Training is also conducted informally through repetitive inmate education. Because inmate education is being given twice daily at shift change/orientation and formally on Wednesdays and Saturdays, many staff members were able to recite material on demand without prompt of the Auditor. As Supervisors conduct facility tours, they are walking and talking and training informally by quizzing staff on PREA Standards and asking PREA related training questions. Staff also attend outside training when conducted and offered such as conferences and professional development events. Staff utilize National Institute of

Corrections online based training resources and webinars when available. Corresponding certificates were available for viewing held in a training binder, along with staff signature sheets. Staff also receive training bulletin handouts in their individual mailboxes and email communications as well. Finally, staff have access to a shared network training drive that can be viewed at any time and from any workstation desktop. LCDDC is immersed in PREA Standards education for both staff and inmates. This immersion directly translates to sexual safety of offenders in confinement.

Standard 115.32 Volunteer and contractor training

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

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Auditor interviewed contract employees from Food Service and Health Care. All contract employees indicated in the affirmative that they have received training on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection and response.

The Agency maintains documentation confirming that volunteers/contractors understand the training they have received through training signature sheets which were available for viewing by the Auditor while on-site. These signed acknowledgements of understanding are maintained in a binder along side employee training signature sheets.

Auditor interviews confirmed that contract employees were aware of their responsibilities under the Agency's ZERO tolerance policy on sexual abuse and that they were well informed on how to report such incidents. All training takes place prior to a facility ID card being issued. The issued ID and key card listing can be run as a report and is also used to cross-reference who has possession of key cards and who has access to the facility and the inmate population. ID cards and key cards are returned at the expiration of services or surrendered upon suspension during an investigation or upon termination.

Standard 115.33 Inmate education

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

Auditor 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.

During the intake process, inmates receive information explaining the ZERO-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or harassment.

Within 7 days of intake, all inmates receive comprehensive education regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the policies and procedures for responding to such incidents. This information is communicated orally to the inmate population by staff during the orientation process and in writing through the inmate kiosk system. Inmates acknowledge receipt and their understanding through electronic signature.

PREA briefing is given orally by officers everyday in B pod, which is the male orientation housing area, and in the 3rd floor B-wing, which is the female orientation housing area. PREA briefing is given on each Wednesday and Sunday night shift at the start of rec for all other housing units. Each PREA briefing given is then recorded by staff in the JMS system for that date with a notation "PREA briefing given."

PREA briefing and orientation includes steps for inmates to take in the event of a sexual assault, how to report sexual abuse/harassment, how to submit a grievance and provisions for emergency grievances, steps the Detention Center will/may take to keep the victim safe, confidentiality of reports, how to report using the hotline and the phone number to dial to make a report, and information about medical exams, mental health provided and how evidence is collected.

In addition to education, Auditor also observed key information continuously and readily available through educational posters available in each housing area. Education is provided in formats which are accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or other wise disabled, as well as to inmates who have limited reading skills. Interpretive services are available to those inmates which are limited English proficient. TDD is available.

Agency Policy 305 Disabled Inmates ensures that inmates with disabilities (including, but not limited to, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have speech, psychiatric, or intellectual disabilities to include those with limited reading skills) shall have an equal opportunity to participate in or benefit from all aspects of the Detention Center's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Steps to ensure compliance with this policy include: when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. Additionally, and to ensure meaningful access to inmates who are limited English proficient, the Detention Center utilizes Language Line services. Auditor was provided a copy of the written contract for interpretive services and interviews revealed that the Detention Center does not rely on inmate interpreters, inmate readers, or other types of inmate assistants for translation.

During interviews, the Auditor found inmates to be very well educated regarding their right to be free from sexual harm in confinement and how to report such incidents should they or someone they know feel unsafe. Most all inmates were very well versed in reciting all of the multiple reporting options and could even recite the PREA reporting hotline number without prompt. Most all inmates also seemed to know where reports would be directed and who they would be able to speak with once a report was made. They also understood that reports could be made confidentially through the use of the hotline telephone number and that they also had the right to be free from retaliation after a report or disclosure was made.

Standard 115.34 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor 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.

Sexual assault investigators have received specialized training through National Institute of Corrections’ Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course. This course explains the knowledge, components, and considerations that an investigator must use to perform a successful sexual abuse or sexual harassment investigation consistent with PREA standards.

Auditor received electronic copies of training certificates prior to on-site visit and viewed the same certificates again while on-site indicating specialized training had been received.

Standard 115.35 Specialized training: Medical and mental health care

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

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.

The LCDC uses Lexington Medical Center, a local area hospital, for SAFE/SANE services. Staff written communications confirmed that there is a specially trained SAFE/SANE on duty at all times or one is available on call at all times. While the contracted medical staff stated that they have attended SAFE/SANE training solely for knowledge and awareness purposes, no contracted medical staff at the facility perform forensic exams. All rape kits are performed at LMC within 120 hours of report.

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor 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.

Auditor interviews with staff and corresponding documentation confirmed that all newly admitted inmates are screened at Intake immediately upon arrival and prior to placement into a housing unit, again within 14 days of their initial assessment, and then again at a 30 day interval. New arrivals include transfers from other facilities. Mental health screening interviews are conducted upon arrival concurrently with the medical screening, again within 48 hours of arrival, again within 72 hours of arrival, and then again after 30 days of arrival.

These screenings are conducted using an objective screening instrument consistent with PREA standards and **Agency Policy 400.1 Intake Screening**, and aims to assess whether the inmate requires immediate or ongoing interventions which may be necessary. The screening also assesses mental, physical, or developmental disabilities; the age of the inmate at the time of arrival; the physical stature of the inmate screened; whether or not the inmate has been previously incarcerated; the inmate's criminal history and prior convictions for sexually based offenses; whether the inmate identifies as gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; the inmate's own perception of vulnerability; whether the inmate has previously experienced sexual victimization; and whether the inmate is detained solely for immigration purposes. The initial intake screening also considers whether or not the inmate has a history of prior institutional violence or sexual abuse as known to the agency.

This screening is performed by health services personnel, but may also be performed by health-trained correctional personnel.

Inmates who have experienced prior sexual victimization or have perpetrated previous sexual abuse, regardless of whether or not the victimization took place at another institution or in a community setting, are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the initial Intake screening. Any and all information obtained is strictly limited to medical and mental health practitioners and other staff, as necessary to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments. The agency has appropriate controls in place through a secure JMS system that ensures sensitive information is not exploited to the inmate's detriment by staff or other inmates.

Agency Policy 401 Classification Plan requires inmates to be reassessed for risk of victimization or abusiveness based on additional relevant information received since the intake screening, to include referral, inmate request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. This reassessment occurs within 30 days from the inmate's arrival at the facility. Agency policy prohibits the disciplining of inmates for refusing to disclose any information in response to the questions asked pursuant to classification factors.

Standard 115.42 Use of screening information

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

Auditor 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.

Auditor interviews with also concluded that the facility does have a transgender accommodation plan in place and adheres to the plan. During interviews with Classification Staff as part of specialized interviews, staff assured the PREA Audit Report

auditor that transgendered inmates are housed where they are able to feel free from sexual harm and that all transgendered inmates are housed as they identify. Auditor viewed housing records which confirmed that the most recent transgendered woman was housed in the female orientation housing area and was interviewed by staff within 6 hours of intake regarding further placement and programming decisions.

Reassessments are conducted at least monthly to review for any threats to safety experienced by the inmate.

The LCDC does not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of sexual orientation, identification, or status or for the purpose of protecting these inmates.

Standard 115.43 Protective custody

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

Auditor 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.

Agency Policy 401 Classification Plan/Involuntary Restrictive Housing states inmates at high risks for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Reviews of status as protective custody are completed every seven days for the first two months and every 30 days after that.

At the time of the audit, there was a high risk offender which had been placed into protective custody after disclosure and where the offender requested the protective custody status and the separation was voluntary. The Auditor confirmed this when speaking with the offender during formal interviews. Auditor viewed the offender signed voluntary placement into protective custody status. Auditor also spoke with the PREA Coordinator in reference to this offender's status and PREA Coordinator confirmed that the Agency is conducting regular status reviews, at a minimum of every 30 days, and that this offender seeks to remain in this status.

There were no inmates placed in involuntary restrictive housing for protection/disclosure at the time of audit.

Standard 115.51 Inmate reporting

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

Auditor 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.

Auditor confirmed that inmates confined at LCDC have multiple avenues of reporting available and inmate interviews concluded that inmates were aware of their reporting options. There is a confidential outside hotline available and inmates were able to recite that phone number, as it was designed to be easy for inmates to remember.

Inmates also have the option of reporting confidentially through the commissary kiosk and also through the written grievance system. There are provisions for emergency grievances. Inmates are also aware of being able to make verbal reports to any staff member, medical or mental health providers. Third party reporting information is posted in both the front visitation lobby of the facility, as well as on the agency's website under the PREA tab.

Inmates detained solely for civil immigration purposes are provided with information on how to contact consular officials and officials at the Department of Homeland Security. Auditor viewed this information posted in each housing unit during walk through tour.

Standard 115.52 Exhaustion of administrative remedies

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

Auditor 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.

The LCDC has digitized the grievance system through their contracted commissary services provider via kiosks. LCDC have also initiated a PREA reporting tab on this same kiosk system. The Agency does not impose a time limit on which an inmate can submit a grievance regarding an allegation of sexual abuse.

Inmates are not required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. An inmate is not required to submit a grievance to a staff member who is the subject of the complaint, nor is such a grievance to be forwarded to a staff member who is the subject of a complaint.

There are provisions for emergency grievances. Emergency Grievances, alleging that an inmate is subject to a substantial risk of imminent sexual abuse, may be made to the Grievance Manager at any time. Immediate review is required, with an initial response being provided within 48 hours. A final decision is rendered within (5) days and specifies whether the inmate is or is not subject to a substantial risk of imminent sexual abuse.

Agency Policy 404.6 Sexual Assault/Harassment requires that final decisions on the merits of an allegation of sexual abuse or sexual harassment toward an inmate to be made within 90 days of the initial filing of the grievance. The allotted 90 days does not include time spent by the inmate filing an administrative appeal. An extension of 70 days may be given if the normal time period for response is insufficient to make an appropriate decision – notice of this extension is provided to the inmate in writing along with a date by which the inmate can expect a decision.

Agency policy also allows third parties (to include fellow inmates, staff members, family members, attorneys, and outside advocates) to assist inmates in the filing of requests for administrative remedies relating to allegations of sexual abuse, and on the inmates behalf. 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.

Standard 115.53 Inmate access to outside confidential support services

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

Auditor 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.

Inmates have access to confidential support services through Sexual Trauma Services of the Midlands confirmed through written communications between the PREA Coordinator and the Underserved Survivor Advocate of STSM. The Agency does not have an MOU in place with Sexual Trauma Services of the Midlands at the time of audit.

Auditor observed posters in housing units informing inmates that sexual assault/harassment communications are confidential and informing them of the difference between confidential phone calls which are not monitored or recorded and recreational phone calls which are routinely monitored and recorded.

Inmates detained solely for civil immigration purposes are provided with information on how to contact consular officials and officials at the Department of Homeland Security. Auditor viewed this information posted in each housing unit during walk through tour as well.

Standard 115.54 Third-party reporting

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

Auditor 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.

Third party reporting information is posted in both the front visitation lobby of the facility as well as on the agency’s website under the PREA tab. Agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is made publicly available through the agency website at

While the facility has not received any third party reports to date, there are protocols in place in the event a third party report is received.

Standard 115.61 Staff and agency reporting duties

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

Auditor 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.

Agency Policy 404.6 Sexual Assault/Sexual Harassment requires all staff to immediately report incidents of harm. All “staff” includes contract employees, civilians and volunteers. Staff interviews confirmed that all staff knew to report incidents to PREA Coordinator and/or PREA Compliance Manager.

Auditor interviews with staff, both formal and informal, concluded that all staff are aware of their responsibility and duty to report, immediately, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, whether or not it is part of the agency and that retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff are permitted to make a report anonymously.

Apart from reporting to designated supervisors or officials, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Standard 115.62 Agency protection duties

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

Auditor 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.

Policy and Procedure 401 Classification Plan in place that outlines procedures when such determinations are made.

Standard 115.63 Reporting to other confinement facilities

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

Auditor 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.

Agency Policy 404.6 Sexual Assault/Harassment outlines the steps the agency takes upon receiving an allegation that an inmate was sexually abused while confined at another facility.

Auditor viewed sample reciprocal formal communications from other confinement facilities from a neighboring county and also from an in-state corrections department. The Bureau Commander notified those agencies, in accordance with policy and standards, where the alleged abuse occurred and within 72 hours of receiving the allegation.

Standard 115.64 Staff first responder duties

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

Auditor 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.

Staff are trained on first responder duties, have a flowchart to reference in the event of a report, and also a PREA Emergency Checklist to ensure all protocols are met in the event of a report of a sexual abuse/assault. This information is broken down by first responder duties, shift commander duties, and watch commander responsibilities. This information is also broken out by assault protocols vs. harassment protocols.

Standard 115.65 Coordinated response

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

Auditor 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.

Operating procedures and the LCDC PREA coordinated response plan meet the requirements of the standard. Interviews with staff confirmed they were knowledgeable about LCDC's PREA coordinated response plan and the coordinated duties and responsibilities.

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

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

Auditor 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.

The facility does not have an employee union – no collective bargaining. LCDC does not have any agreement in place that would prohibit the agency from carrying out its PREA related duties and responsibilities.

Standard 115.67 Agency protection against retaliation

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

Auditor 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.

Per standard protocol of the LCDC and **Agency Policy 404.6 Sexual Assault/Sexual Harassment**, retaliation monitoring takes place at regular intervals beginning the next day after a report has taken place, and then weekly after a report has been made. This weekly monitoring by staff continues throughout the entire length of their incarceration. Staff monitoring efforts are documented in the facility's JMS. This information is then only available to Classification personnel and Command Staff. Inmates interviewed assured the Auditor that the PREA Manager would be closely monitoring for any signs of retaliation.

Standard 115.68 Post-allegation protective custody

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor 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.

Post-allegation protective custody was confirmed by Auditor with the interview of one inmate who had disclosed and was on protective custody at the time of interview. Both the facility and inmate were in agreement that this was in the best interest of the inmate to ensure sexual safety while the inmate was incarcerated at LCDC and the separation was voluntary. The Auditor confirmed this when speaking with the offender during formal interviews.

Auditor viewed the offender signed voluntary placement into protective custody status. Auditor also spoke with the PREA Coordinator in reference to this offender’s status and PREA Coordinator confirmed that the Agency is conducting regular status reviews, at a minimum of every 30 days, and that this offender seeks to remain in this status.

There were no inmates placed in involuntary restrictive housing for protection/disclosure at the time of audit.

Standard 115.71 Criminal and administrative agency investigations

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

Auditor 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.

The Lexington County Sheriff’s Office Major Crimes Unit investigates all sexual assaults at the LCDC. The sheriff’s department investigators have received specialized training to investigate sexual assaults. Auditor interviewed the Major Crimes Investigator during the on-site portion of the audit.

The investigator(s) have received special training in sexual abuse investigations pursuant to § 115.34 and in the gathering and preservation of direct and circumstantial evidence which may include any available physical and DNA evidence, electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses. Auditor interview with the Major Crimes Investigator confirmed that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not determined by the person’s status as inmate or staff. The agency never requires an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation.

Substantiated allegations of conduct that appears to be criminal are referred to the Lexington County Solicitor’s Office for prosecution.

The Agency does not terminate an investigation on the basis that a staff member leaves control of the agency during

an investigation.

In the event that the State Law Enforcement Division is utilized for the conduct of an investigation of sexual abuse, the facility intends to fully cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor 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.

The agency has no standard higher than evidentiary standard as dictated by the PREA Standards.

Standard 115.73 Reporting to inmates

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

Auditor 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.

Offenders are informed of the outcome of investigations. During the Auditor’s formal interview with an offender which had disclosed, the offender stated that they were not informed as to the outcome of the investigation. However, after inquiring with the Agency specifically in reference to the case, it was confirmed that the offender was, in fact, being kept informed about the status of the criminal case and this was also evidenced by reviewing the case file. Auditor determined that the offender had not been entirely truthful with the Auditor during the interview and the Agency had exercised due diligence and the Agency had requested the relevant information from the investigating entity in order to keep the inmate informed the the results of the investigation.

Standard 115.76 Disciplinary sanctions for staff

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor 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.

The Agency has a ZERO Tolerance policy of sexual abuse/assault and termination is presumed where there are material findings that staff have violated this policy. LCDC is well prepared to notify the certifying body to revoke certification and credentialing for violation of the oath of public trust. LCDC is prepared to notify LE where criminal investigation is deemed necessary.

Standard 115.77 Corrective action for contractors and volunteers

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

Auditor 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.

The Agency has a ZERO Tolerance policy of sexual abuse/assault and termination (contract and/or services) is presumed where there are material findings that contractors and/or volunteers have violated this policy. LCDC is prepared to notify LE where criminal investigation is deemed necessary.

Standard 115.78 Disciplinary sanctions for inmates

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

Auditor 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.

Offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in sexual abuse. LCDC procedures confirm compliance and review of investigative files showed there was both disciplinary sanction and criminal charges pressed where there was documented inmate-on-inmate sexual assault. While the internal disciplinary sanction had been served out, the criminal charges

were still pending for the aggressor as of date of the audit.

It was confirmed by the Auditor during formal Specialized Staff interviews with the contracted Mental Health provider that the disciplinary process considers contributing factors, such as mental illness, when determining the type of sanctions imposed. Mental Health and custody staff work closely to ensure those sanctions are commensurate with the circumstances of the abuse. The Agency was encouraged to continue to dissuade and prohibit non-assaultive sexual behaviors in addition.

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

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

Auditor 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.

Health care and mental health services are provided by Correct Care Solutions. The Auditor feels the level of care received by inmates at the Lexington County Detention Center are not only commensurate with the level of care received in the community, but in some ways, may even exceed routine health care access in the community.

Offenders received a medical and mental health screening at Intake and are assessed again within 14 days. Auditor observed screening tools which documented compliance with required level of services. Facility has policies which govern the response for inmates who indicate a prior history of sexual victimization or sexual abusiveness towards others. Medical and Mental Health staff work closely with custody staff to determine appropriate housing.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor 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.

On-site health care and mental health services are provided by Correct Care Solutions. The facility uses Lexington Medical Center for SAFE/SANE forensic examinations and uses Sexual Trauma Services of the Midlands for advocacy services. The facility has been very proactive in developing formal protocols for responding to PREA related incidents and ensuring the safety of all inmates. The facility has first responder flow charts and diagrams available to ensure each and every protocol is attended to as prescribed by PREA standards. The contracted health

provider confirmed the availability of emergency contraception, std prophylaxis, and unimpeded access to pregnancy related services and elective procedures.

Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

No current examples of inmates requiring/needing emergency medical care for sexual assault during the time of the audit.

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

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

Auditor 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.

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No current examples of inmates requiring/needing emergency medical care for sexual assault during the time of the audit.

Inmates who have experienced prior sexual victimization or have perpetrated previous sexual abuse, regardless of whether or not the victimization took place at another institution or in a community setting, are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the initial Intake screening.

Standard 115.86 Sexual abuse incident reviews

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

Auditor 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.

The facility has a Sexual Abuse Incident Review Team comprised of the PREA Coordinator and Manager, Command Staff, Classification, Medical and Mental Health. LCDC documents the outcome(s) of those meetings, analysis of the incident, and how best to continue to detect and deter incidents. These meetings convene as soon as practical, but no longer than 30 days post-allegation and in accordance with PREA standards.

The Auditor reviewed all incident review meeting minutes, outcomes, and all appropriate response measures taken.

Standard 115.87 Data collection

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

Auditor 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.

LCDC is capturing current and relevant data. The facility makes a Report of Annual Findings available to the public through the Agency's website at www.lexingtonscsheriff.com/prea-prison-rape-elimination-act/. The 2016 report is the first year of report. There is no comparable data.

Standard 115.88 Data review for corrective action

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

Auditor 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.

The facility has reviewed collected data and seeks to identify problem areas. The facility continuously educates staff and inmates on the facility's zero tolerance policy and reiterates the consequences of violating the zero tolerance policy. The agency seeks to identify any trends in recent sexual assault cases but have not identified any to date.

Standard 115.89 Data storage, publication, and destruction

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

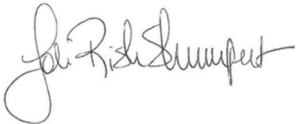
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LCDC follows a retention schedule as outlined by PREA standards and in accordance with South Carolina policies.

AUDITOR CERTIFICATION

I certify that:

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



March 17, 2017

Auditor Signature

Date