

# Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim       Final

Date of Report    March 5, 2020

## Auditor Information

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Company Name: Joli Rish Shumpert, CJM, CCM, CBHC-CO	
Mailing Address: PO Box 165	City, State, Zip: Pelion, SC 29123
Telephone: 803-730-9619	Date of Facility Visit: February 4-6, 2020

## Agency Information

Name of Agency: Lexington County Sheriff's Office	Governing Authority or Parent Agency (If Applicable): Lexington County Sheriff's Office		
Physical Address: 521 Gibson Road	City, State, Zip: Lexington, SC 29072		
Mailing Address: 521 Gibson Road	City, State, Zip: Lexington, SC 29072		
Telephone: 803-785-2743	Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Mission: To work as a professional law enforcement team to build relationships with those we are sworn to serve. Vision: Making Lexington County a safer place.			
Agency Website with PREA Information: <a href="https://www.lexingtonscsheriff.com/prea-prison-rape-elimination-act/">https://www.lexingtonscsheriff.com/prea-prison-rape-elimination-act/</a>			

## Agency Chief Executive Officer

Name: Sheriff Bryan "Jay" Koon	Title: Lexington County Sheriff
Email: jkoon@lcsd.sc.gov	Telephone: (803) 785-8230

## Agency-Wide PREA Coordinator

Name: Lt. Jeremy Vetter	Title: PREA Coordinator/Administrative Lt.
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<b>Email:</b> jvetter@lcsd.sc.gov	<b>Telephone:</b> (803) 785-2704
<b>PREA Coordinator Reports to:</b> Chief Gregg Shockley	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 2

### Facility Information

<b>Name of Facility:</b> Lexington County Detention Center	
<b>Physical Address:</b> 521 Gibson Road, Lexington, SC 29072	
<b>Mailing Address (if different than above):</b> 521 Gibson Road, Lexington, SC 29072	
<b>Telephone Number:</b> 803-785-2740	
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Jail <input type="checkbox"/> Prison
<b>Facility Mission:</b> Mission: To work as a professional law enforcement team to build relationships with those we are sworn to serve. Vision: Making Lexington County a safer place.	
<b>Facility Website with PREA Information:</b> <a href="https://www.lexingtonscsheriff.com/prea-prison-rape-elimination-act/">https://www.lexingtonscsheriff.com/prea-prison-rape-elimination-act/</a>	

### Warden/Superintendent

<b>Name:</b> Major Kevin Jones, CCM	<b>Title:</b> Bureau Commander of Detention
<b>Email:</b> kjones@lcsd.sc.gov	<b>Telephone:</b> 803-785-2700

### Facility PREA Compliance Manager

<b>Name:</b> Walter Todd	<b>Title:</b> PREA Manager
<b>Email:</b> wtodd@lcsd.sc.gov	<b>Telephone:</b> 803-785-2701

### Facility Health Service Administrator

<b>Name:</b> Lena Starks, RN	<b>Title:</b> Health Services Administrator
<b>Email:</b> Lstarks@Wellpath.us	<b>Telephone:</b> 803-951-3392

### Facility Characteristics

<b>Designated Facility Capacity:</b> 599	<b>Current Population of Facility:</b> 616
<b>Number of inmates admitted to facility during the past 12 months</b>	8450
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	1534

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		5417	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population: 17-70	Youthful Inmates Under 18: 4	Adults: 616	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:		22	
Average length of stay or time under supervision:		26	
Facility security level/inmate custody levels:		Min, Med, Max	
Number of staff currently employed by the facility who may have contact with inmates:		473	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		85	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		3	
<b>Physical Plant</b>			
Number of Buildings: 3		Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:		7	
Number of Open Bay/Dorm Housing Units:		4	
Number of Segregation Cells (Administrative and Disciplinary):		56	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Central Control Center monitors 156 Mobotix CCTV systems with approximately 30+ day retention period.			
<b>Medical</b>			
Type of Medical Facility:		In-house non-emergent basic evaluation and treatment, pharmacy	
Forensic sexual assault medical exams are conducted at:		Lexington Medical Center	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		65	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		20	

# Audit Findings

## Audit Narrative

A Department of Justice (DOJ) Certified PREA Audit was conducted for the Lexington County Detention Center located in Lexington, South Carolina on February 4-6, 2020. The contractor is a certified Department of Justice (DOJ) PREA Auditor for adult and juvenile facilities. The purpose of the audit was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. The Auditor and the Lexington County Detention Center entered into contract on September 5, 2019 and the on-site portion of the audit was then scheduled for February 4-6, 2020.

### PRE-AUDIT PHASE

The pre-audit phase began as the Auditor reviewed the Lexington Detention Center's website for information relating to PREA. The website confirmed the first phase PREA audit was conducted in February 2017, and the facility was found in compliance on all 43 standards. The Auditor reviewed the [2017 PREA Audit Report](#) posted on the facility website and documented all previously recommended corrective action responses. This same Auditor conducted the 2017 PREA Audit and there has been consistent contact with LCDC over this compliance period as it relates to matters of PREA Compliance. Facility leadership has been very receptive to this assistance and have indicated they will take full advantage of the resources provided.

The Auditor also conducted internet research for the following considerations: pending litigation reports, Department of Justice involvement, federal consent decrees, local oversight, news articles, and press clippings. There was no negative information provided relative to these topics, nor with inmate care provided, within the internet search attempted. The facility has no third party entity involvement at this time and is not under any federal consent decree or DOJ oversight.

The State of South Carolina has laws governing mandatory reporting which imposes a responsibility to report such things as sexual abuse and assault. South Carolina maintains a specific list of professionals that are considered mandatory reporters, with the only exceptions being privileged attorney/client and clergy/penitent communications. Corrections professionals must report when they have learned information in their professional capacity that gives them reason to believe that an inmate's health has been or may be adversely affected by abuse or neglect. Furthermore, the statute specifically includes volunteers, thus placing a responsibility on organizations to train volunteers, as well as employees.

This South Carolina law covers physical, sexual, and emotional abuse. The definition specifies "physical or mental injury" or actions that "present a substantial risk of physical or mental injury to the victim." The statute requires the reporting of "sexual offenses" and actions "that present a substantial risk" of sexual abuse.

Lexington County Detention Center has a statutory obligation to house 17-year-old inmates as adults in their facility under South Carolina Code of Laws and in certain circumstances. During this audit cycle, South Carolina Senate Bill 916, Act No. 268, made changes to numerous statutes in the South Carolina Juvenile Justice Code in order to "Raise the Age" and now includes most 17-year-olds under SC Family Court Jurisdiction in the juvenile justice system rather than the adult criminal justice system. This "Raise the Age" legislation went into effect on July 1, 2019 and is Prospective.

This means that RTA changes apply to youth with an offense date on or after July 1, 2019. The date of offense determine which set of laws apply. Additionally, the SC Code § 63-19-20 allows for an exception: "Child" does not include a person 17 years old who is charged with: Class A, B, C, or D Felony, or felony that provides for 15 years or more MUST be charged as an adult, and any accompanying charge(s) must be processed in adult court as well.

Regardless of offense date, the SC Constitution still provides that persons 17 and older must be housed separately from persons under the age of 17. The LCDC complies with all relative laws and standards and maintains sight and sound separation from adult inmates 18 years and older by housing these youthful inmates in a dedicated, separate housing unit (3<sup>rd</sup> floor, B Wing). More information on how this is accomplished can be found in the body of standard § 115.14 Youthful Inmates.

The Lexington County Detention Center also has an MOU with ICE and houses inmates under the 287(g) Jail Enforcement Model, which is designed to identify and process removable aliens with criminal or pending criminal charges who are arrested by state or local law enforcement agencies. The JEM Program is supervised by the local ICE Office of Enforcement and Removal Operations Field Office. Under the JEM, nominated state and local law enforcement officers are trained, certified, and authorized by ICE to perform only those immigration functions that are established on the Standard Operating Procedures (SOP) of the Memorandum of Understanding.

Pre-audit preparation by the Auditor included a thorough review of all documentation and materials submitted by the facility along with the data included in the completed Pre-Audit Questionnaire. The Pre-Audit Questionnaire (PAQ) was initiated by the facility PREA Coordinator on November 13, 2019 and was received by the Auditor on January 22, 2020, along with supporting documentation via electronic means of communication.

The pre-audit questionnaire is utilized by the Auditor to make determinations regarding policies, agency organization chart, contracts, staffing plans, written justifications for deviations within the staffing plan, PREA reviews, staff rounds, population reports, searches, cross-gender viewing incidents, training curriculum, training logs, special needs documentation, hiring and promotion considerations, evidence protocols, medical treatment obligations, intake screening instruments, inmate grievances, investigation reports, and data collection.

The documentation reviewed also included agency policies, procedures, forms, organizational charts, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were reduced to writing in the form of an *Issue Log* to which responses were requested. Answers to the questions were submitted by the PREA Coordinator the week before the on-site portion of the audit and reviewed by the Auditor prior to the on-site review. There was continuous communication with the PREA Coordinator during this review period in preparation for the on-site visit.

Additionally, the Auditor continued to receive documents while onsite, inclusive of watch schedules, inmate rosters, housing unit rosters, and other relevant documents were received based upon questions and concerns of the Auditor. All documentation was reviewed by the Auditor to triangulate compliance considerations, form the basis for the facility operations, terminology, structure, population, staffing, training, medical outreach, SANE/SAFE requirements, volunteer support, local advocacy, and physical plant.

The Auditor reviewed the agency policies and procedures, observed agency practices, reviewed documentation provided by the agency staff and interviewed inmates and staff during the on-site visit and tour of the facility and in each building. LCDC prohibits consensual sex acts between inmates as it is a violation of the rules.

Prior to the Auditor's arrival at LCDC, the Auditor supplied the facility with the employees assigned in the management and specialized staff positions who might be interviewed during the on-site portion of the audit. The Auditor was provided with an organizational chart and selected the names of staff who would be interviewed. A tentative audit schedule was also provided to LCDC staff prior to the audit.

## **ON-SITE PHASE**

The on-site portion of the audit was conducted over a four-day period: February 4-6, 2020, with a follow-up site visit conducted on February 17, 2020. The Auditor logged a total of 31.5 working hours on-site at the Lexington County Detention Center over the course of those 4 above stated days.

On February 4<sup>th</sup>, 2020, (1<sup>st</sup> day, 9 hours), the sole Auditor arrived at Lexington County Detention Center. No auditing assistants were used and no conflict of interest exists between the two parties. The Auditor was escorted to a secure conference room which served as the Auditor's primary work location for audit preparation and organization. There, the Auditor met with the Captain of Detention, PREA Coordinator, PREA Manager and various management staff for greetings, introductions and information sharing.

The Auditor expressed appreciation for allowing her to participate in this re-certifying audit for The Lexington County Detention Center. She explained her position in the PREA process and relayed the expectations for this PREA Audit. It was determined during the kick-off meeting that Lt. Walter Todd, the facility's PREA Manager, would be the Auditor's primary point of contact for the duration of the audit, with supplemental assistance from the facility's PREA Coordinator, Lieutenant Jeremy Vetter and also Sgt. Scott McDermott. Captain Singleton assured his complete availability to the Auditor for the duration of the audit as well.

Also during this meeting, the Auditor discussed with staff audit logistics and the need for unimpeded access to all areas of the facility, documents and staff during this time. The facility was welcoming and open to full disclosure information sharing. The Auditor was treated with great hospitality during the on-site. Documents, inmates and staff were made readily available to the Auditor and were more than willing to participate in the process.

The Auditor discussed with management staff the goals of the on-site and confirmed with staff that the clear intent was to observe facility practices and ensure that all aligned with the intent of the PREA standards and with the facility's written policies. The Auditor also briefed staff on the interview process for both inmate and staff interviews, the role of the Auditor and the expectations associated with a PREA audit.

The Auditor reviewed the purpose of corrective action with the facility's management team, assuring them that corrective action is to be expected and is no way to be construed as failure, but an opportunity to enhance best correctional practices. The Auditor provided the facility with a tentative schedule which was to be followed during the on-site and discussed the established schedule for continued communications and a schedule of deliverables.

Facility leadership was extremely supportive of the entire audit process, and the facility goals and expectations were identified as creating a safe environment for the inmates and staff and enhancing the sexual safety within the facility and of all concerned.

After meeting with the facility's management staff and PREA Coordinator and introductions were completed, the Auditor immediately proceeded to conduct a tour of LCDC's Main Compound escorted by the PREA Coordinator. During the on-site, the Auditor met with both staff and inmates to verify observations and/or to clarify questions concerning facility operations.

The PREA Coordinator confirmed posting of the DOJ Auditor's contact information was distributed and posted on November 12, 2019 at various locations visible to inmates, visitors, staff, contractors and volunteers at LCDC. The Auditor observed all required posting in the housing units and staff areas and confirmed same during inmate interviews. The posting and handouts were in English and Spanish. This posting was verified as sufficiently accessible to all required individuals during the Auditor's on-site visit. LCDC contracts for services for American Sign Language (ASL) and Limited English Proficient (LEP), but they also utilize an approved staff interpreter listing.

LCDC is a pre-adjudication detention facility. Therefore, inmates are provided reasonable access to their legal counsel and the inmate mail policy provides that legal correspondence is opened in the presence of the receiving offender. Additionally, correspondence with any sexual assault coalition/prevention/survivor organization is handled as legal mail. Outgoing mail is processed promptly to prevent any unnecessary delays and LCDC has initiated a return address exemption for any letter(s) addressed to any sexual assault coalition/prevention/survivor organization as well as the contracted PREA Auditor. As of the date of this report, the Auditor had not received any correspondence or mail at the Auditor's Post Office Box from the public, inmates or staff.

The outside portions of the facility were reviewed, as well as the inside of the facility. The Auditor was permitted to move freely about the facility, housing units, kitchen, laundry, medical clinic, etc. and also entered the unoccupied shower/toileting area for observation purposes. The Auditor did not experience any negative response or delayed access concerns. The Auditor was provided private interview accommodations for all types of interviews. The environment allowed for free and private discussions with inmates, staff, contractors, and volunteers.

The jail is of multi-building design with a rated capacity of 599 inmates. The inmate population headcount the day of the tour was 616. The LCDC is an expansive site with external buildings which were also toured this same day. This included an Annex, Laundry, and Kitchen facilities. Toured areas also included all 14 of the housing units (including restricted and segregated housing units), medical clinic, dental suite (only one inmate seen at time), nursing staff offices, pharmacy (key card controlled access door), visiting areas, intake processing area, property area, main control, recreation yards, security staff offices, administrative offices, etc. During the facility tour it was noted that two inmate housing areas, 2<sup>nd</sup> floor and C Pod, were currently unoccupied due to renovations.

Housing units include single and double cell linear cells and dormitory style housing. Housing is comprised of multi-floor dorm-style housing units, each containing single-bunks and single-inmate latrine and showers. All of the facility's 14 housing units contain a dayroom, are self-contained, and are both Linear and Direct Supervision. In Direct Supervision housing, trained correctional officers and staff focus on actively managing inmate behavior to produce a facility that is safe and secure for inmates, staff, and visitors. Staff interact continuously with inmates in the housing units, actively supervising them to identify problems in their early stages. Direct supervision housing allows inmates

to have a direct line of access to staff to remediate and resolve when issues arise, thereby creating a culture of safety.

In these units, telephones, televisions and kiosks are available for inmates to use. Inmates receive meals, commissary, pill pass, library services, programming and religious services, etc. in the housing units and only leave outside the units for court appearances and outside medical appointments. The LCDC houses security levels ranging from minimum custody to super max.

The facility has a Disciplinary Restricted Housing Unit and an Administrative Restrictive Housing Unit. These units are celled housing, with toilet/sink fixtures in each cell. Showers are available outside of the cells. Restrictive Housing Unit inmates are housed based on disciplinary segregation and inmates in Administrative Restrictive Housing for exhibiting behaviors which are deemed non-compliant for general population housing, or those who pose a threat to themselves or others in the general population.

During the tour, Auditor asked impromptu questions of staff and inmates, noted the placement and coverage of surveillance cameras, inspected surveillance monitors, identified potential blind spots, inspected bathrooms and showers to identify potential cross gender viewing concerns, etc. Inmates were observed to be under constant supervision of the staff while outside of their rooms/bunk areas and involved in various activities. The facility was clean and well maintained.

In inmate work areas, the Auditor assessed the level of staff supervision and asked questions to determine whether inmates are in lead positions over other inmates. Auditor reviewed LCDC Policy 300.1 Inmate Governance which states that no inmate or groups of inmates may exercise the right of control or punishment over any other inmate or group of inmates.

The collocated Annex site is used to house sentenced and pre-trial male inmates of 90 days or less that do not qualify for transfer to the SC DOC under state guidelines. These inmates have been classified as low-risk and are housed in this area as they complete a Life Recovery Program. There are two (2) open bay dormitories in the Annex and a self-contained Control Center. The Auditor was permitted to move freely about the housing unit and also entered the unoccupied shower/toileting area for observation purposes. There were no limited privacy concerns observed in the Annex and the officer's view into the restrooms is partially obscured by way of partially painted windows. Signage posted was appropriate.

Annex C is used to house female offenders and is of identical design. Here, outside recreation utilizes two (2) staff members. There are female staff members stationed on the outside of the Annex during outdoor recreation.

The Auditor observed staff during the booking process performing intake procedures, utilizing the screening instrument, verifying the classification process. Inmate records are stored electronically, and access is limited to a need to know basis. Inmate phones are in all the inmate living areas and intake section of the facility. An external reporting mechanism is available to the inmate population by dialing a posted telephone number on the phone system – 803-333-5555. This system is designed to allow inmates to report allegations of sexual abuse or sexual harassment to the county dispatch center.

The hotline is provided in both English and Spanish and the facility offers a language line for diverse populations and interpreting. The facility utilizes the Smart Communications kiosk system to report grievances and the informal inmate interviews indicated knowledge of utilizing this system in both Spanish and English. Every housing unit has a kiosk available for reporting. Every inmate housed at LCDC has access to the reporting hotline number as well as the kiosk system regardless of financial

situation. The inmate grievance system was reviewed, and inmate random and informal interviews confirmed inmate's knowledge of the kiosk grievance system as a reporting mechanism.

The Auditor reviewed the facility's log of hotline calls placed within the past 12 months, testing reports, as well as the County's Dispatch Policy. During the tour, the Auditor utilized the inmate phone system to facilitate a call to the Hotline Services number for reporting at (803) 333-5555.

The Auditor made several attempts at placing test calls, which did not complete at that time. The PREA Manager was available nearby and observed same. The technical issue was immediately reported to the PREA Coordinator for investigation and resolution and action was immediately taken to resolve the situation. It was later that same day the Auditor received test reports from the PREA Coordinator showing that calls were now going through. It bears noting that during this time, there was severe weather including heavy storms and strong winds in the area that could have possibly affected the phone systems at the same moment of testing. Auditor scheduled a follow-up time for retesting of phone systems.

During the follow-up site visit conducted, Auditor was able to make test hotline phone calls without disruption and also placed test emergency grievances through the kiosk. Auditor observed all systems were working correctly and all facility notifications were received within minutes of placing the calls and test grievances. Based on review of the facility's log of hotline calls placed within the past 12 months, testing reports, and observation of the system processes in action, the Auditor believes the earlier failed attempts to be an anomaly, possibly due to adverse weather systems, and not to be indicative of a systemic and/or unresolved issue.

Review of unit log books during the on-site visit verified that the facility management conducts regular unannounced supervisory rounds with the housing units. These logbooks substantiated compliance with unannounced supervisory walk-throughs and Auditor observed that supervisory rounds are made 3-4 times per shift, per day. The facility also operates under a "yellow-line" system, informing inmates of areas that the inmates are not permitted to be in. Inmates may not trespass past the point of any yellow line, which is painted onto the floors.

The LCDC currently operates an impressive, modern, and expansive 156 Mobotix Security Camera and Surveillance System, digitally monitoring both external and internal areas. Cameras are strategically located on all external entrances/exits from the building and cameras internally are located in hallways, breezeways, common areas (dayrooms, laundry, kitchen, dining) and entrances to all buildings. There are also cameras installed in all contract office space and areas. The camera retention period is camera approximately 30 days, longer for the segregation housing unit. In the event of an incident, all related video is routinely downloaded, saved, and archived for future reference. There are in-cell camera systems installed for suicide monitored cells.

Due to the facility's expansive and impressive technology equipment and surveillance, the Auditor did not identify any blind spots which would need to be addressed. More information regarding the facility's use of technology can be found under standard § 115.18 Upgrades to facilities and technology.

Also on this date, the Auditor requested and received a roster of all inmates at the facility with identification numbers and sorted by housing unit. The Auditor did receive this report as well as a Booking Sergeant's Daily Report, which detailed daily headcounts and staff assignments. This specific report was received on all three (3) site visit dates. The Auditor also requested a list of inmates classified into any of the following categories:

- Disabled Inmates
- Gay & Bisexual Inmates
- Transgender & Intersex Inmates
- Inmates who Reported Sexual Abuse
- Inmates in Segregated Housing for Risk of Sexual Victimization
- Inmates who Disclosed Sexual Victimization during Risk Screening
- Limited English Proficient Inmates (LEP)/ English as Second Language (ESL)

Auditor was provided same where those inmates had been identified and were available for interview. The facility provided a private area for conducting formal interviews with staff and the inmate interviews were conducted in housing area interview rooms. The selection process for conducting the inmate interviews consisted of utilizing an inmate bed roster that is organized by housing unit. The Auditor methodology for selecting the random inmate interviews involved inmates from all living units for a geographically diverse sampling. The selection process for random staff consisted of staff members from each housing unit, department, sworn and non-sworn staff, multiple roles, post locations, and job titles.

There were no inmates that identified as lesbian, gay, or transgendered available for interview on the dates that the auditor was on-site. Additionally, there were no inmates identified as at-risk/vulnerable available for interview on the dates that the auditor was on-site. 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.

Inmates from every classification level were interviewed and where incarceration lengths ranged from 1 day to 4 years pre-trial. Of those interviewed, most had been received from the community, 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 February 5, 2020 (2<sup>nd</sup> day, 9.5 hours), and using the list of specialized staff received from the PREA Coordinator, the Auditor conducted random/specialized interviews of staff, contractors, and volunteers. The Auditor worked with facility staff to schedule a time for each of these interviews and the interviews were conducted in a secure administrative conference room using the applicable interview protocols and recorded the responses by hand. LCDC staff had arranged to have mental health and chaplaincy staff available should an interviewee or staff member require intervention.

The audit methodology and selection process consisted of inmates and staff indicated in facility incident reports, allegations of misconduct, and specialized staff and targeted inmate populations. Some staff interviews were consolidated where one person assumed multiple roles. Where this was the case, separate interviews were conducted and using the specific interview protocol for that interviewee's role. The selection process for random staff consisted of staff members from each housing unit, department, sworn and non-sworn staff, multiple roles, post locations, and job titles.

In some cases of specialized staff, it was necessary to conduct the interview via telephone because the person to be interviewed was at a distant location (i.e. the Sexual Assault Nurse Examiner). LCDC contracts its medical and mental health care.

**Audit Staff Interview Statistics:** The following is a list of the Auditor's interviews conducted with staff, contractors, volunteers, and specialized staff:

- (1) Chief Deputy / Assistant Sheriff for Lexington County (Agency Head)

- (1) Captain of Detention
- (1) Sr. Administrative Assistant
- (1) PREA Coordinator
- (2) PREA Managers
- (1) Volunteer Chaplain
- (1) Bureau Commander of Nursing
- (1) Mental Health Professional
- (1) Incident Review Team Member
- (1) Correctional Staff who Conduct Intake Screening
- (1) Contract Staff who Conduct Medical Intake Screening
- (1) Classification Staff
- (1) Grievance Coordinator
- (1) Retaliation Monitor
- (1) Professional Standards/IA
- (1) Investigative Staff (CID/SVU)
- (1) Sexual Assault Nurse Examiner (via telephone)
- (1) Human Resources Staff
- (1) Agency Recruiter
- (2) Contract Administrators
- (1) Records Personnel (Contractor, Volunteer and Vendor Clearances/Backgrounds)
- (1) Segregated Unit Housing Staff
- (1) McDaniel Contractor
- (2) Aramark Contractor
- (1) Training Coordinator
- (16) Random Staff
- (1) Staff Member who has acted as a 1<sup>st</sup> Responder

The Auditor conducted a total of 29 targeted staff interviews, 16 random staff interviews, which included at least one (1) officer in each of the housing units toured (14) and 2 in booking. One staff member/inmate was interviewed at a time with the Auditor in a private setting. The National PREA Resource Center's interview protocols were followed as a baseline for asking questions. The objective was to ascertain the individual's knowledge of the PREA standards, sexual safety in confinement, their specific roles and responsibilities and general attitudes about preventing sexual abuse and sexual harassment and their knowledge of how to report same.

On the second on-site audit day, the Auditor also continued inmate interviews and conducted 9 more formal inmate interviews which included inmates placed in disciplinary detention, youthful inmates, one inmate which had reported (facility-to-facility notification), and additional female inmates.

On February 6, 2020 (3<sup>rd</sup> day, 11.5 hours), the Auditor continued the on-site review with the assigned schedule of housing unit interviews of random and targeted inmates. The Auditor did not experience any negative response or delayed access concerns. The Auditor was provided private interview accommodations for these interviews as well and where the environment allowed for a free discussion with inmates, staff, contractors, and volunteers.

Based on the Assistant Sheriff's schedule and pre-arranged requirements, the debriefing was conducted prior to finalizing all interviews. In this debriefing, LCDC staff was provided with a summary

of our interactions and preliminary findings related to the PREA Standards with a qualifying statement that further document reviews were required before the Interim Report would be issued. The agency head interview was held on Thursday, February 6, 2020 from 1430-1530.

The Auditor recognized and thanked those LCDC staff who provided consistent support of the Auditor's daily requests and for providing timely answers to the extensive and comprehensive list of questions. The Auditor provided an overview of the next phase of the audit: "Evidence Review and Interim Report" which officially began the next calendar day (completion of the on-site audit) February 7, 2020.

A key highlighting point of the discussion was the professional, welcoming and cooperative demeanor exhibited by staff, which created a positive atmosphere of sexual safe culture. After the debriefing with the Chief Deputy Shockley / Assistant Sheriff, the Auditor continued with required interviews and file reviews. Where the circumstances dictated, the interviewer would ask to review documentation, logs, computerized tracking, or other material necessary to make a determination of compliance with the standard. During these interviews, the Auditor based the line of questioning on the interview protocols and recorded responses by hand.

On February 17, 2020 (4<sup>th</sup> day, 1.5 hours), and following the initial on-site portion of the audit, the Auditor and PREA Coordinator agreed that Auditor would conduct a follow-up site visit. Auditor returned to LCDC on the agreed upon date at approximately 1015 hours to complete a follow-up interview of a subject that had reported (facility-to-facility notification) and also for follow-up testing of reporting mechanisms. Auditor was met by Sgt. McDermott and was escorted to the Restrictive Housing Unit and also Unit A to conduct a follow-up interview with an inmate and to complete an additional line of questioning in regards to facility response.

**Audit Inmate Interview Statistics:** The selection process for conducting the inmate interviews consisted of utilizing an inmate alpha roster that is organized by housing unit and sorted by bed/room number. The Auditor methodology for selecting the random inmate interviews involved inmates from all living units where housed. The Auditor determined that at least one inmate from each housing unit would be interviewed. The Auditor received and utilized the "Roll Call Report" print out to select random inmates for interview and the 1<sup>st</sup>, 10<sup>th</sup> and 30<sup>th</sup> name on each housing unit roster was selected. Where there were not 30 inmates housed in a single housing unit, the last name on the roster was selected as the "30<sup>th</sup>". This method allows the Auditor to capture various ages, races, physical statures, lengths of stay, and custody levels.

Interviews were conducted in a private interview room, in various locations throughout the facility. The Auditor introduced herself to each inmate, communicated the standard advisory statements to the inmate before proceeding with the standard line of questions from the random inmate interview protocols, and recorded the inmate answers by hand. Clarification was requested as needed to ensure the inmate's responses were clear.

At the close of the on-site visit, a total of 31 inmate interviews were conducted with the inmate population; 22 inmates were interviewed utilizing the Random Inmate questions; 9 inmates were interviewed based upon PREA-interest categories.

Targeted PREA-Interest Inmate interviews were conducted in the following categories as available:

- (4) Youthful Inmate Interviews (4 housed males)
- (2) Physical Disability (hearing impaired and wheelchair)
- (2) LEP (Spanish, Iranian)
- (1) Cognitive/MH

- (0) LGBTI
- (0) T/I

No inmates were identified in segregated housing for high risk of sexual victimization or that reported prior sexual abuse or victimization during the risk screening.

Where there were no inmates represented in a targeted category to meet a minimum threshold of interviews, additional random interviews were conducted to supplement. The Auditor experienced no barriers in identifying and interviewing inmates from targeted PREA-Interest inmate. No victims of a sexual assault which had taken place at LCDC were available for interview during the on-site visit.

**Document Reviews:** Auditor reviewed all documents related to allegations of sexual abuse, a random sample of personnel training records, records reflecting background checks are being completed, contractor and volunteer records, records documenting the training of the inmate population, and the records maintained through the inmate intake process. The Auditor collected copies of documents, as necessary.

The document review process also involved reviewing all documents related to allegations of sexual abuse. The LCDC provided sexual incident logs and reports for all (17) allegations and (1) report received during the previous auditing reporting cycle. Of those, the breakdown is as follows:

Sexual Assault or Harassment: Staff on Offender – (14) alleged  
Offender on Offender – (3) alleged  
One (1) facility-to-facility report notification

The SIRS included the report number, date of report, name of the victim, name of the suspect, and the disposition or status of the case. The Auditor obtained the SIR and investigative reports from facility investigative staff. These reports were reviewed using a PREA audit investigative records review tool to record the following information relative to each investigative report.

On-site close out: The Auditor conducted a thorough site review of the facility and scheduled a close-out discussion with the Chief Deputy/Assistant Sheriff and his staff. During this close-out discussion, facility staff, and the PREA Coordinator were provided with an overview of what had been identified as areas of concern.

## **POST-AUDIT PHASE**

**Audit Section of the Compliance Tool:** The Auditor reviewed on-site document review notes, staff and inmate interview notes and on-site tour notes and began the process of completing the audit section of the compliance tool.

The Auditor used the audit section of the compliance tool as a guide to determine which question(s) in which interview guide(s), which on-site document review notes and/or which facility tour site review notes should be reviewed in order to make a determination of compliance for each standard. After checking appropriate “yes” or “no” boxes on the compliance tool for each applicable subsection of each standard, the Auditor completed the “overall determination” section at the end of the standard indicating whether or not the facility’s policies and procedures exceeds, meets or does not meet standard.

**Interim Audit Report:** Following completion of the compliance tool, the Auditor began completing the interim audit report. The interim report identifies which policies and other documentation were reviewed, which staff and/or inmate interviews were conducted and what observations were made during the on-site review of the facility in order to make a determination of compliance for each standard provision.

The Auditor then provided an explanation of how evidence listed was used to draw a final conclusion of whether the facility's policies and procedures exceed, meet, or do not meet the standard.

**Corrective Action:** As facility deficiencies were identified, the facility PREA Coordinator, Managers, and Facility Administration reacted promptly to remediate any issues and all issues identified were resolved during the Auditors on-site audit time. The Auditor did not identify any issues of non-compliance where resolution would extend beyond the 30 day interim reporting period.

**Final Audit Report:** The Final Audit Report was delivered to the facility PREA Coordinator electronically on March 5, 2020.

## 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 their maintained compliance with CALEA standards. LCSD was re-accessed in 2017 and was awarded its seventh Advanced Accreditation award and was presented with a Meritorious Award for having been an accredited agency for 15 or more continuous years.

The Sheriff's Department also is 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 Detention Center is committed to providing a nationally accepted standard of care in the delivery of correctional health services and currently holds an accreditation by The National Commission on Correctional Health Care (NCCHC), which was initially awarded in 2008. The facility renews this accreditation every 3 years thereafter.

The stated mission of the Lexington County Sheriff's Department is "To work as a professional law enforcement team to build relationships with those we are sworn to serve". **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 600 inmates. The 2019 ADP was 637.

Approximately 133 correctional officers, administrative, and supervisory personnel are assigned to work at the Detention Center. The facility is led by Major Kevin Jones, CCM, Bureau Commander. The Sheriff's Department employs at least five nationally 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.

### **Physical Plant**

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.

The LCDC is a co-ed minimum, medium, and maximum-security facility that provides direct supervision for all inmates. The total rated facility capacity is for 599 inmates and the total population on the day of the on-site review was 616. The age range of the population is currently 17-70.

The LCDC is 3 buildings, operates 3 single cell housing units, 7 multiple occupancy housing units, 4 open bay housing units and has a total of 56 segregation cells available for disciplinary and administrative housing.

### **Front Lobby Entrance**

The main entrance to the facility allows for the screening of all visitors, both inmate and professionals, who enter the facility. As guests arrive at the Lexington County Detention Center, they are greeted by the Lobby Security Officer. The Lobby is open, generally, from 7:00 a.m. to 7:00 p.m. daily. These officers assist friends and family members with viewing bond hearings, transferring of inmate property, and another general question or concerns as necessary.

All guests that enter the detention center property are subject to the Laws, Rules and Regulations of the State of South Carolina and Lexington County Government. This includes but is not limited to the department's right to search all visitor's persons, packages, and vehicles. All visitors and their property are screened by metal detector for weapons and contraband.

Visitation Officers are assigned under the Administrative Division and assist guests with video visitation with inmates that are housed at the facility. Magistrate bond court (first appearance) is held on-site where the Magistrate maintains an office adjacent to the booking area.

The administrative offices, training, and staff lounge are not accessible by the community and electronic access is controlled through key card systems.

### **Internal Affairs**

The Office of Internal Affairs is a fact-finding entity for the Lexington County Sheriff's Office and reports directly to the Jail Administrator and/or the Sheriff. The task of this office is to protect the rights of

citizens, employees, and inmates and strive to maintain public trust by ensuring that all members of the department incorporate the Sheriff's commitment to provide professional and ethical law enforcement and detention facility practices.

The Office of Internal Affairs investigates allegations of serious policy violations and/or illegal acts by its employees, along with special investigations as assigned by the Jail Administrator or the Sheriff. The office conducts investigations and inquiries regarding matters of ethical standards and integrity.

### **Food Service Operations**

The facility has a large commercial kitchen, which facilitates the daily feeding of the inmate population. Kitchen workers that are responsible for preparing, cooking, delivering, and cleaning up of the food served to all inmates.

Food Service operations are contracted through Aramark, which employs a staff of 15 civilian employees, including a Director of Food Services. Kitchen inmate workers are split between two shifts and are housed in minimum security. The carefully selected inmate workers are permitted to work in the kitchen daily alongside staff, closely supervised, and learning culinary skills that could transfer to community employment re-entry upon release.

The kitchen is both monitored via CCTV and through unannounced supervisory rounds. There are camera systems available in dry storage, ware washing areas, cooking areas, and in the contractor's office space. The cooler and freezer have cameras stationed directly above each entrance, monitoring all entry and exit of all personnel. There are also mirrors used to supplement some areas. All security checks and supervisory rounds are documented.

### **Inmate Worker Program**

The inmate worker program is offered to non-violent criminal inmates. Eligible inmates can sign up for work details in and outside of the Detention Center. Only inmates that have misdemeanor convictions may participate in this program.

This type of program allows inmates to earn credits and reduce their jail term. Inmates do not earn any wages for participating in this program but does provide the benefit of allowing inmates to reduce their jail sentence while providing cost savings for the Detention Center and other government entities in Lexington County.

This type of program is a proactive approach to rehabilitation and providing community service. It allows inmates the opportunity to give back to the community and reclaim a sense of pride and accomplishment.

Inmate cleaners are responsible for sweeping, mopping, and general housekeeping of the inside of the facility. These inmates are also responsible for any inside maintenance duties that arise. No outside barbering or cosmetology services are offered, as inmates maintain their own hair.

### **Laundry**

The facility has a large commercial laundry which is staffed by a male inmate worker and supervised by correctional staff. The laundry contains many large commercial washers and dryers. There are cameras and mirrors in the laundry plant providing sufficient coverage and no blind spots were identified. One (1) additional camera has been added to the laundry area since the last onsite visit in 2017.

Laundry workers are responsible for washing inmate laundry to include uniforms, undergarments, and linens. They are also responsible for maintaining the cleaning materials such as mops, mop heads, and cleaning cloths.

### **Information Technology**

The Information Technology (IT) department at Lexington County Detention Center is responsible for ensuring the reliability and security of the Detention Center's IT systems. The IT department specializes in security electronics, database management, networking and computer forensics. The department oversees all security and electronic monitoring systems, video visitation, video court systems and equipment at the Detention Center.

### **Inmate Classification**

The LCDC is a pre-adjudication facility where the average length of stay is 26 days. The Classification Division is responsible for the maintenance of all inmate files throughout their incarceration and has a permanent record of each inmate's stay at the Detention Center. All time credits are calculated and placed in the inmate's file along with court documents, disciplinary forms and any other data accumulated during the inmate's incarceration. The Classification Division assesses each inmate in the Detention Center to determine their custody levels. They continually assess each inmate as incidents occur that may change their custody level.

### **Medical / Mental Health Care**

Lexington County Detention Center contracts with Wellpath to provide inmate healthcare services within the jail. Medical duties include ordering and administration of all medications, regular sick call clinics for the inmates, weekly physician sick call and coordination of outside specialty services and or clinics.

The medical staffing matrix was available and reviewed by the Auditor. The HSA is available on-site 40 hours per week, as well as qualified MHPs. There are a number of both RNs and LPNs available on-site 24 hours a day, 7 days per week, providing round the clock coverage and care commiserate with community care.

All inmates requesting to see the medical staff must complete a sick call request via the kiosk. This includes: medical, dental, and mental health services. The nurse will alert the correctional officers of those inmates to be seen for sick call, and they will be brought to medical for assessment at the scheduled sick call times. Inmates are charged a co-pay for sick call services requested, as well as for medications, in accordance with jail policy.

Any inmate who requests to see their own private physician and/or requests to go the hospital is responsible for the prior payment of those services. This must be cleared by the Medical Staff and Jail Administration first. Further, any prescription received from a private physician and/or the hospital is the responsibility of the inmate to pay prior to the inmate receiving the medications. There is a medical co-pay in place within this facility whereby the inmate's commissary account is charged. The inmate is charged for medical services, medications, etc. as outlined in the Inmate Handbook or the sick call slip, in accordance with Detention Center policy. The commissary has several over-the-counter medications available to inmates.

A patient has the right to refuse medical treatment. Upon patient's refusal, the patient is asked to sign a Refusal of Treatment and Release of Responsibility form. The patient will then assume all personal responsibility for the conditions that may occur as a result of his/her refusal of treatment. If the patient later decides to seek medical treatment, the patient must notify the medical staff immediately.

The medical clinic has three (3) patient exam rooms available for triage and curtains allow for privacy during medical encounters. A security staff member is stationed directly outside the privacy curtain and is available should a security emergency present itself. The Auditor observed PREA poster availability in the medical clinic.

## **Training Division**

The LCDC Training Division is designed to keep corrections officers ready to meet the challenges of today's law enforcement issues. The unit was established with the philosophy that effective law enforcement comes with trained and educated personnel. As liability issues increase, training becomes one of the most important aspects of any agency. Deputies and corrections officers receive a minimum of 40 hours of annual training in the areas of firearms, response to resistance, defensive tactics, defensive driving, first aid/CPR, computer operations, crime scene protection and preservation, legal updates and other topics that serve to improve the performance of personnel, better enabling them to serve the public. The Sheriff's Office maintains several in-house instructors on topics that are taught on a regular basis and brings instructors to the facility to train on special topics. Curriculum is maintained and updated by the training staff to ensure material taught is applicable and current.

The Training Division is also responsible for preparing new recruits for the South Carolina Criminal Justice Academy. Recruits also attend the Training Division's orientation/training program. In addition, the Training Division provides programs for all personnel.

Corrections Officers work a 12.5 hour shift. There are four (4) shifts, two day (6a-6p), two night (6p-6a).

## **Commissary**

McDaniel Supply Company provides commissary services to the inmates at Lexington County Detention Center. General population inmates are afforded the opportunity to order items weekly from McDaniel Supply. Various hygiene products, clothing items, writing materials and snack foods are available for purchase by those inmates with money in their inmate account. All necessary meals and items are provided to all inmates at the facility and those available through commissary are additional, non-necessary items. Inmates housed in the maximum security areas of the Detention Center will only have access to hygiene products and writing materials through the commissary.

Commissary orders are processed weekly. During order processing times, the kiosks have a 15 minute window in which they are unavailable for the purposes of retrieving order data. Orders are typically processed by breakfast time and this window should not affect an inmate's ability to report sexual assault, abuse or harassment as the dayrooms are not open at this time of morning.

Inmates who meet the required criteria will be considered indigent and will be able to receive an indigent package that includes basic hygiene items and writing materials. Inmates without funds for seven (7) days and have less than \$2.50 available balance are considered indigent and may request an indigent kit, one per week.

## **Clergy Visits and Chaplaincy Services:**

Clergy members may visit with members of their church outside of regular visitation schedules. Chaplains at LCDC perform the following functions:

- Programs and Services scheduling
- Death notifications
- Requests for religious materials, religious books, secular books
- Requests for Pastoral services, spiritual mentoring and guidance

## **Summary of Audit Findings**

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the Auditor to reassess compliance.*

The on-site portion of the audit went very well. Facility staff was very helpful and responsive to the needs of the Auditor and any concerns that were expressed. The Auditor thanks the Facility Administration, PREA Coordinator, and the entire staff for this because it simplified the extensive process that needed to be completed. Some of the positives observed by the Auditor included:

- The facility appears to be very well maintained. The tour went very well with only a few minor issues, that once identified, were immediately addressed by staff and many were rectified on the spot.
- Despite the current vacancy rate, the facility appears to be adequately staffed, and the camera system lends support to the supervision of the inmate population by custody staff. The Facility's Recruiter is working to fill all open positions and has appears to have a very robust recruiting plan, seeking qualified applicants.
- Supervisory staff are frequently out in the dorms and other areas of the facility, making unannounced rounds and working with their staff to address issues. This includes the availability of the PREA Coordinator and his appearances and presence in the housing units. In the random staff interviews, it was apparent that the line staff are very comfortable making contact with their supervisors and working through any issues. It was also very apparent during the tour that executive staff is touring the facility on a regular basis and are very engaged, a key component in successful operations and adherence to the federal standards.
- All inmates interviewed, random and targeted, indicated that they felt safe in the Lexington County Detention Center. Not one single interviewee expressed any concerns for safety/well-being of their person and were often complimentary of staff citing commitment to inmate safety and they are consistently respectful of the inmates, treating them with dignity.

Facility leadership has been very receptive to this assistance and have indicated they will take full advantage of the resources provided. The Auditor has worked closely with the facility during any corrective action to ensure PREA practices are fully in place thus ensuring the sexual safety of the inmates and staff. Even prior to the Auditor finishing the on-site review, the LCDC staff began working on the areas of noncompliance that the Auditor discussed with them while onsite.

There are a total of 45 performance based standards for adult correctional facilities and jails. Most standards have between 1-10 subsections, for many of which have multiple requirements. To achieve compliance on any given standard, the facility must achieve 100% compliance with each and every subsection within the standard. All of the standards, and every provision of every standard, are mandatory. The final status of the standards that were exceeded, met, not met and not applicable is detailed below.

## Summary of Audit Findings

Number of Standards Exceeded:	3
Number of Standards Met:	42
Number of Standards Not Met:	0

## PREVENTION PLANNING

### Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- 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  No

#### 115.11 (c)

- 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  No  NA
- 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  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

The Lexington County Detention Center affirms commitment to sexual safety through the implementation of a Zero Tolerance Policy as outlined in PREA Policy 404.6 Sexual Assault/Sexual Harassment. Additionally, Policy 301.7 Sexual Misconduct Reporting Plan comprehensively addresses the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The 12-page policy contains necessary definitions, prohibited behaviors, sanctions and descriptions of the agency's strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. This policy forms the foundation for the program's training efforts with inmates, staff, volunteers, contractors, and others.

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. Additionally, 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 facility 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.

Employees are subject to disciplinary action up to and including immediate termination for substantiated violations. Inmates are subject to disciplinary action consistent with related jail policies and procedures. In addition, employees and inmates are criminally prosecuted as authorized and applicable under South Carolina Code of Laws §44-23-1150.

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 has designated an upper level, agency wide PREA Coordinator, Lieutenant Jeremy Vetter, whose official title is Administrative Lt. and PREA Coordinator. The agency also has designated a PREA Compliance Manager, although it operates only one facility. The PREA Compliance Manager works closely under the supervision of the PREA Coordinator.

Auditor was provided with a written job description for the PREA Coordinator, which specifically outlined PREA-related duties. The PREA Coordinator reports to the Chief Gregg Shockley, who is a direct report to the Lexington County Sheriff. Formal interviews with Lt. Vetter and Lt. Todd, designated PREA Manager, indicates that they feel that they have sufficient time and authority to develop, implement, and oversee the agency efforts toward PREA compliance.

Lt. Vetter's primary agency responsibility is to the oversight of adherence to the PREA standards, policy and procedure review, and assisting with the development and delivery of PREA related curriculum to new employees, support services staff, as well and civilian and contract workers. Lt. Vetter and Lt. Todd have a full understanding of the PREA standards and works directly with Major Kevin Jones, Bureau Commander to formulate a plan aimed at remediating deficiencies where identified.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility exceeds the requirements of the standard.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by LCDC
- LCDC Policies 404.6; 301.7; 102
- LCDC Organizational Chart
- PREA Coordinator Job Description
- Interview with Lt. Walter Todd, PREA Manager
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## **Standard 115.12: Contracting with other entities for the confinement of inmates**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.12 (a)**

- 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.)  Yes  No  NA

#### **115.12 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

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

Additionally, Policy 300.9 (D) states that, “A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards; Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.”

The Finance Director 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. 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 to use as temporary placement (safekeeping) for any member of their population.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by LCDC
- PREA Policy 300.9 (D)(p.71)
- Interview with agency Finance Director, Contract monitor
- Interview with Lt. Jeremy Vetter, PREA Coordinator

**Standard 115.13: Supervision and monitoring**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.13 (a)**

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

#### 115.13 (b)

- 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.)  
 Yes  No  NA

#### 115.13 (c)

- 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  No

- 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  No
- 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  No

#### 115.13 (d)

- 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  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:

South Carolina Association of Counties conducts the yearly staffing analysis of LCDC which is substantially followed. Any deviation from the staffing plan is documented. Auditor reviewed the facility Chain of Command dated September 10, 2019 as well as a Shift Assignment Roster dated January 28, 2020. There are both female and male officers assigned to all four shifts, day and night.

The Lexington County Detention Center has 32 detention officer vacancies as of the date of this report and LCDC is working diligently to fill those positions with highly qualified individuals. The Agency employs a full-time recruiter position to expedite filling these vacancies and to market itself appropriately to qualified applicants. Auditor interviewed the Agency Recruiter who gave a complete plan of the Agency's robust recruiting and marketing strategies, as well as community partnerships.

The Agency's PREA Coordinator works jointly with the Bureau Commander to ensure the staffing plan is appropriate. Staff and supervisors conduct regular, unscheduled and unannounced rounds on all shifts to prevent, deter, and identify sexual abuse and harassment. The unannounced rounds are verified by policy, interviews, and reviews of written documentation of specific rounds. Auditor was provided a visual tour of those rounds and all related documentation was verified while on-site.

LCDC Policy 300 Inmate Supervision states that an up-to-date staffing analysis is completed for the

detention center that provides adequate levels of staffing and, where applicable, video monitoring, to promote the safety and security of inmates, staff and the public. Any staffing analysis completed for the facility is conducted utilizing the National Institute of Corrections model or other industry recognized analysis tool. Completed staffing analyses are documented and maintained by the Bureau Commander.

At a minimum, the Bureau Commander is responsible for reviewing the staffing analysis on at least an annual basis to ensure its continued applicability. Should significant changes be made to the facility design and/or to the composition of the inmate population, or should continuing staffing shortages exist or other factors exist that may warrant the completion of a new staff analysis, the Bureau Commander will maintain documentation of his request for a new staffing analysis to be completed.

Should the staffing analysis or staffing review reveal staffing or video monitoring deficiencies, the Bureau Commander is responsible for documenting any corrective action taken, to include any requests for additional staffing positions and/or funding to rectify the identified problem areas. In situations where the staffing plan is not able to be complied with, the Bureau Commander documents and is required to justify all deviations from the plan.

Consistent with PREA Standards, the Bureau Commander ensures that intermediate and higher level supervisory staff conduct and document unannounced security rounds daily to identify and deter staff sexual abuse and harassment. Such rounds are mandated on both day and on evening shifts. Staff is prohibited from alerting other staff members that these supervisory rounds are occurring, unless such announcements are related to the legitimate security or operational function of the detention center.

The facility has at least 156 cameras positioned around the facility, which offers support to the staff who are providing the daily supervision.

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 during this audit cycle.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 300 Inmate Supervision (pp. 42-45)
- Shift assignment rosters
- Auditor observation of adequate staffing levels
- SC Minimum Standards for Adult Local Detention Facilities § 1031
- South Carolina Association of Counties Staffing Analysis, dated August 26, 2019
- Documentation evidencing the conduct of unannounced rounds on all shifts
- Lexington County Detention Center Organizational Chart, dated September 10, 2019
- Interview with Agency Employment Recruiter
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.14: Youthful inmates

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.14 (a)

- 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].)  Yes  No  NA

#### 115.14 (b)

- 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].)  Yes  No  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].)  Yes  No  NA

#### 115.14 (c)

- 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].)  Yes  No  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].)  Yes  No  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].)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:

Lexington County Detention Center has statutory obligation to house 17-year-old inmates as adults in their facility under South Carolina Code of Laws. The facility maintains sight and sound separation from adult inmates 18 years and older by housing youthful inmates in a dedicated, separate housing unit (1<sup>st</sup> Floor, A wing). This unit is a single cell multi-level housing unit.

Auditor reviewed Policy 300 Inmate Supervision which indicates that female inmates are housed separately from male inmates and youthful inmates (under age 18) and are housed out of sight and sound of adult inmates. Auditor confirmed same during the facility tour.

At the time of the on-site audit, there were four (4) youthful male inmates housed in 1<sup>st</sup> Floor, A wing and no female youthful inmates detained. Auditor interviewed all four (4) youthful male inmates during the on-site portion of the visit. All youthful inmates interviewed indicated that they receive consistent education regarding PREA and their right to be free from sexual harm during incarceration and they all indicated that they felt safe at the LCDC and had experienced no issues regarding safety.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by LCDC
- LCDC Policy 300 Inmate Supervision (pp.42-45)
- Facility Population Report indicating youthful inmates in 3<sup>rd</sup> Floor, B Wing
- Auditor observations
- Completed interviews with four (4) youthful male inmates
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## **Standard 115.15: Limits to cross-gender viewing and searches**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.15 (a)**

- 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  No

#### **115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- 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 here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### **115.15 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  
 Yes  No

#### 115.15 (d)

- Does the facility implement a policy and practice 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  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- 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  No
- 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  No

#### 115.15 (f)

- 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  No
- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

LCDC 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. Policy also prohibits staff from performing intrusive or invasive body cavity searches under all circumstances. Cross-gender pat searches are authorized only in exigent circumstances and with supervisor approval. 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. Policy prohibits staff from searching or physically

examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

The LCDC reports that it has conducted no cross-gender strip or cross-gender visual body cavity searches of inmates in this audit cycle. Additionally, LCDC reports no cross-gender pat down searches were conducted and that during the current PREA audit reporting cycle, there were no searches of female inmates conducted by male staff. Interviews with inmates and staff confirm this as the policy and actual practice of the program on a consistent basis and that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.

The agency has provided training to staff regarding how to conduct cross-gender pat down searches and searches of transgender and intersex inmates in a professional manner. The Lexington County Detention Center policy and practice ensures that inmates are able to shower, perform bodily functions, and change clothing with privacy. The design of the bathrooms and showers in the housing units provided sufficient privacy to avoid viewing by any person.

The Auditor toured the facility's Central Control area where the Auditor observed camera systems, placement and viewing areas. The LCDC camera placements do not allow for 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.

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 correctional and medical staff to announce presence. Auditor also personally observed these announcements being made upon her entrance to male housing areas as well as in the female housing areas when escorted by a male staff member.

There were no exigent circumstances searches in any category conducted.

Most of the inmate housing at LCDC is dormitory-style housing. The latrine and showers are in an area off of the bed and dayroom areas. The toilets have individual short walls between each one and swinging doors in front that limits staff of the opposite gender from viewing inmates while they are tending to their toileting needs. The shower areas are single person showers and where the facility has placed curtains to limit opposite gender viewing from occurring while inmates are using the shower. This area can also be used if an inmate needs to completely disrobe while changing clothes.

There were some initial privacy concerns where some toileting areas were missing coverage and Auditor concluded through interviews of both staff and inmates that all areas observed (B and D pods) had panels nearby that had recently been cleaned and were drying. When this was pointed out by the Auditor, all panels were immediately replaced and there was privacy in toileting.

This rapid response by the PREA Coordinator brought the facility into compliance with this standard within 24 hours of the identification by the Auditor and before the final report being issued.

## Policy, Materials, Interviews and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 300.12 Inmate/Facility Search procedures (p. 77)
- Auditor observations
- Interviews with random inmates and facility staff
- Training documentation, Search Procedures training materials
- Interview with Lt. Jeremy Vetter, PREA Coordinator

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

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.16 (a)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No

- 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  No
- 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 intellectual disabilities?  Yes  No
- 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  No
- 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  No

#### 115.16 (b)

- 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  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Auditor reviewed LCDC Policies 305 Disabled Inmates and 306 Deaf/Hearing Impaired Inmates indicating accommodations for inmates who are limited English proficient, deaf, visually impaired, disabled or illiterate. LCDC policy requires the program to ensure inmates with special needs 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 harassment. Policy further prohibits the use of inmates/clients as

interpreters when dealing with first responder situations or any allegation/investigations of sexual abuse or harassment.

The LCDC has a contract 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 for Interpreter Services to assist inmates with communication that provides immediate translation services via telephone in approximately 148 different languages. The South Carolina Association for the Deaf (SCAD) may also be contacted to provide assistance for those with hearing impairments.

TDD is available for inmates with disabilities. Additionally, LCDC utilizes Purple Communications which provides accurate ASL interpreting services for the deaf and hard-of-hearing through leading VRS technology. Printed PREA materials are available on the kiosk. In the event of a visually impaired inmate, all education materials would be delivered verbally direct to inmate via a staff member and then reinforced through the twice daily orientations. PREA information and education is presented orally by staff to those inmates who may have limited reading skills

English and Spanish are the predominant languages spoken at LCDC. Therefore, written documents are provided in English and Spanish to the inmate population. During the tour, it was noted that posters were prominently displayed in areas in both English and Spanish.

LCDC may also utilize staff from an approved staff interpreter listing and there are approximately six (6) bi-lingual Spanish speaking staff members. Inmates are never used as translators. The LCDC reports that there have been no instances in this audit reporting cycle where inmate interpreters have been used.

During targeted inmate interviews, two (2) hearing impaired male inmates were interviewed in G dorm and confirmed through statement that the LCDC ensures that all PREA materials are available to them and therefore, they have a complete understanding of their rights under PREA. It was also confirmed through statements that there was never any impediment to access to staff, reporting options, or education materials.

Based on the information discovered in the agency policy, observations, and information obtained through staff and inmate interviews, the Auditor has determined the facility meets the requirements of the standard.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by LCDC
- LCDC Policy 305 Disabled Inmates (pp. 156-158)
- LCDC Policy 306 Deaf/Hearing Impaired Inmates (pp. 159-161)
- PREA posters and brochures translated into Spanish
- PREA training materials for inmate education
- Approved staff interpreter listing
- Auditor observations
- Targeted interviews with inmates with physical disabilities (2 hearing impaired, 1 cognitive)
- LCDC and Language Line Services, Inc. Service Agreement for translation services
- Purple Communications Service Agreement (via Securus Technologies® contract) for ASL VRS
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.17: Hiring and promotion decisions

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.17 (a)

- 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  No
- 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  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- 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  No
- 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  No
- 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 question immediately above?  Yes  No

#### 115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates?  Yes  No

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check?  Yes  No
- 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  No

#### 115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?  Yes  No

#### 115.17 (e)

- 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  No

#### 115.17 (f)

- 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  No
- 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  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.17 (h)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

The LCDC Policy 404.6 Sexual Assault/Sexual Harassment prohibits the hiring or promotion of staff or of contractors who may have contact with inmates who have engaged in sexual abuse in a prison, jail, lock-up or other correctional confinement facility; have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, of if the victim did not consent or was unable to consent or refuse; and/or have been civilly or administratively adjudicated to have engaged in any of the aforementioned activities.

Additionally, this policy requires the agency to consider any incidents of sexual harassment in determining whether to hire or promote staff or to enlist the services of a contractor that may have contact with inmates.

The LCDC applicant must list all biographical information to include legal name changes and considers all previous employment, asking for references of co-workers/former co-workers. The application packet also asks potential candidates about prior commitments, arrests and/or convictions; whether the application has ever been the subject to a restraining order; to disclose all criminal convictions; and about all previous misconduct listed in §115.317(a), which is broader than criminal convictions. The application clearly states that material misrepresentations, omissions or falsifications are grounds for dismissal from the applicant selection process and/or termination of employment, if hired.

Once hired, the Agency imposes upon its employees a continuing affirmative duty to disclose any such misconduct listed in §115.17(a) as outlined in Policy 101.0 – *Employee Regulations and Rules of Conduct* where employees are informed of material omissions regarding such misconduct, or the provision of materially false information, as grounds for termination. Employees of the detention center are required to sign an *Acknowledgement of Understanding* regarding these policies.

The LCDC conducts the required criminal history checks prior to hiring new employees who may have contact with inmates. Policy also requires the agency to use 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. Background check verifications are included in each employee's personnel file, as well as documentation pertaining to any contact made with previous employers.

Additionally, the PREA policy extends this requirement of criminal history checks before enlisting the services of a contractor who may have contact with inmates. This contract clearance check extends to civil process and warrants checks as well. All Background check verification is included in each contractor's personnel file.

Through policy, the LCDC agrees to 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. Documentation of such notifications, if applicable, is maintained in the relevant employee's personnel file. The Center agrees to 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.

The LCDC exceeds this standard by conducting criminal background records checks at least every two (2) years of current employees and contractors who may have contact with inmates, whereas the standard requirement for these checks is every five (5) years. All employees and contractors have passed a criminal record background check prior to employment, and all long term employees (over five years) have also passed a criminal record background check, as required by the PREA standards.

Auditor formally interviewed HR personnel as well as the agency Recruiter as part of Specialized Staff Interviews. The Agency currently has 32 vacancies and the department states that they are extremely committed to reaching its goal of filling those vacancies. Interviews with the agency Recruiter confirmed that applicants are invited to the testing process only after clearing the required NCIC background check. Only then is a conditional offer of employment made. All pre-employment background checks are conducted in accordance with standards. During this same interview, it was confirmed the facility performs criminal record background checks and considers pertinent civil or administrative adjudications for all contract employees.

The facility responds to requests from other institutions and allows access to the entire personnel file and status of ongoing and incomplete investigations. Inmates assigned to work outside the facility go with staff who are county employees. These employees have background checks run by the county as a condition of employment, as well as PREA training done by facility staff.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- LCDC Policy 1.05 Employee Code of Conduct (12 pages)
- LCDC Application for Employment (22 pages)
- LCDC Contractor Clearance Form
- Review of sample records of employee/contractor background checks
- Interview with HR personnel
- Interview with Agency Recruiter
- Interview with Training Coordinator
- Interview with Records Clerk that conducts background checks
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## **Standard 115.18: Upgrades to facilities and technologies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.18 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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.)  
 Yes    No    NA

#### **115.18 (b)**

- 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  No  NA

#### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### **No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

The LCDC reports that there have been no acquisitions of new facilities or substantial expansions, modifications or retrofitting of the current campus in this reporting cycle.

Auditor reviewed LCDC Policies 300.5 Control Center and 200 Security Inspections/Code Compliance which states *“when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the ability to protect inmates from sexual abuse. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.”*

The agency leadership considers a variety of factors when upgrading technology in the facility including primarily sight lines, blind spots, and inaccessible areas. Interviews with facility leadership and the IT Department indicate that placement of cameras and mirrors are discussed frequently to continuously enhance safety for all inmates. The use of mirrors, in addition to cameras, to assist with blind spots have also been implemented in the LCDC.

The LCDC currently operates an impressive, modern, and expansive 156 Mobotix Security Camera and Surveillance System, digitally monitoring both external and internal areas. Cameras are strategically located on all external entrances/exits from the building and cameras internally are located in hallways, common areas (dayrooms, laundry, kitchen, dining) and entrances to all buildings. There are also cameras installed in all contract office space and areas. The camera retention period is every camera at least 30 days, longer for the segregation housing unit. There are in-cell camera systems installed for suicide monitored cells.

In the event of an incident, all related video is routinely downloaded, saved, and archived for future reference. The availability of camera systems and downloaded materials outside of Central Control is generally limited to supervisory personnel and Detention Center Administrators. Internal Affairs, and Department Investigators may also access downloaded material through the PREA Coordinator, which grants access to case specific recordings. Other specific requests to review video is also monitored.

There are several cameras per housing unit which are strategically located throughout. Inmates can also utilize a buzzer in the event that the Housing Unit officer is not stationary. This buzzer notifies the officer in Central Control that the inmate has a request/need. These cameras are 360 degrees unless wall mounted and then they are 180 degrees, providing a horizontal viewing angle in high resolution.

The video network and other systems are under continuous review and Auditor reviewed both LCDC's current camera systems as well as the technology budget requests and purchased planned for the 2019-2020 budget year. This is a large expenditure for the department and will enhance the system capabilities via higher resolution and pixilation, increased supervision, monitoring and coverage. Technology upgrades have been well budgeted for and placement and coverage areas have been thoroughly thought through to eliminate blind spots.

Auditor toured the Central Control station which is manned 24 hours a day by one (1) Correctional Officer or civilian which has received specialized training for this area. Video cameras are monitored 24/7 in this main control booth. Policy requires all camera equipment to be operational at all times. When supervisory unannounced walk-throughs are combined with the CCTV monitoring, it is evidence of a process that is in place to prevent, detect, monitor, and respond to PREA incidents. In the event of a power outage in the main control room, there are two (2) alternate control rooms available from which those same camera systems can be monitored. Access to the control center is limited to security staff and authorized personnel who have official duties to perform in this area. Staff assigned to central control keep the door locked and closed at all times.

Auditor confirmed that there are spare/additional camera available in the event of an outage/need for repair or if a blind spot is identified. Cameras are routinely replaced as they experience outages and their contracted company is on standby to replace or change out any non-working equipment. During this audit cycle, approximately 55 new camera systems were installed and approximately 40 analog cameras were replaced.

During the site visit, the facility was toured in its entirety and the Auditor did not observe any substantial expansions or modification of existing facilities. There were some modifications made to existing structures that consisted of minor remodeling, enhancements and improvements. When cameras have been added, the PREA standards were considered in these installations. While some portions of the facility are of older design, LCDC understands the importance of regular, unannounced rounds and have trained staff to deter, detect, and immediately respond to incidents of harm.

In projects where substantial modifications to facilities are anticipated, all PREA standards are incorporated into the construction plan and in any modifications that are made, cross-gender viewing issues and potential blind spots are considered. However, no substantial physical plant expansions or modifications to the facility have occurred since the last PREA audit.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 200 Security Inspections / Code Compliance (Page 37)
- Policy 300.5 Control Center
- Tour of the Central Control remote monitoring center and Mobotix Security Camera and Surveillance Systems/Auditor observations
- Tour of the physical plant and review of video camera locations
- Review of technology budget requests and purchases documents
- Review of control panel/intercom upgrades from Montgomery Technology Systems, LLC
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.21 (a)

- 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  No  NA

#### 115.21 (b)

- 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  No  NA
- 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  No  NA

#### 115.21 (c)

- 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 evidentiary or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- 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  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?  Yes  No

- Has the agency documented its efforts to secure services from rape crisis centers?  
 Yes  No

#### 115.21 (e)

- 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  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.]  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Agency conducts both Administrative and Criminal Sexual Abuse Investigations, both inmates on inmate sexual abuse and staff sexual misconduct. In the event of a criminal sexual assault, the Lexington County Sheriff's Department will request the outside investigative assistance of the State law Enforcement Division. The LCDCC Bureau Commander will assign the individual who conducts the internal investigation. All individuals conducting investigations must have previously received the special internal investigations training. The investigation will normally be completed by the Sexual Assault Prevention/Intervention Coordinator (SAPC) or someone up the chain of command.

The documentation reviewed provides uniform evidence protocol for sexual assault. There is specific language for staff to separate victim and perpetrator and ensure both do not destroy evidence, secure the scene, and gather usable physical evidence.

The facility strives to ensure that victims of a recent sexual assault have access to specially educated and clinically prepared examiners to perform the forensic medical exam. Inmates who allege the incident occurred within the last 96-120 hours are offered a forensic medical examination based on the South Carolina Sexual Assault Protocol and transported promptly via EMS for emergent care to ensure evidence is not lost. The agency offers all inmates who experience sexual abuse access to forensic medical examinations at no financial cost to the inmate. This was confirmed via interview with the Health Care Director of Nursing.

Lexington Medical Center is an active participant in the Lexington County Sexual Assault Response Team (SART), a collaboration of county health care workers, law enforcement officers, and sexual assault prevention advocates working together to help sexual assault victims.

Lexington Medical Center's participation in the program guarantees that when a victim of sexual assault comes to the hospital's Emergency Department, the victim will be examined by a SAFE/SANE, a nurse who has special training in the collection of forensic and physical evidence in cases of sexual assault.

A telephone interview conducted with Lexington Medical Center indicated that this program operates through a partnership with PRISMA Health on contract as part of the [Regional Forensic Nurse Examiner Program](#), serving 5 medical centers in the Lexington/Columbia area. These specially trained nurses are on call and these calls are transmitted through a page system where a SAFE/SANE or Social Worker will immediately respond. This program does have a Coordinator that can also be reached.

Sexual Assault Nurse Examiners, or SANEs, provide care to victims of sexual assault or violence and are registered nurses who have gone through specialized training in law enforcement procedures and victim support. Nurse examiners provide emergency contraceptives, forensic exams and physical examinations, as well as maintain evidence for law enforcement. These Forensic Nurse Examiners are considered experts in their field and in courtroom testimony during sexual assault hearings and trials.

In addition to a Forensic Nurse Examiner, a counselor from Sexual Trauma Services of the Midlands (STSM) and law enforcement officers will arrive. STSM provides counseling, crisis intervention, advocacy, and hospital accompaniment to sexual assault survivors. Survivors are also provided with the victim advocate contact information and are given education, mental health referrals, and offered follow-up services.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

### **Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Review of [South Carolina AG Sexual Assault Protocol](#)
- Community Resources for Sexual Assault Victims through Sexual Trauma Services of the Midlands
- Evidence Protocol MOU with Lexington County Sheriff's Office
- Lexington Medical Center Regional Forensic Nurse Examiner Program; Telephone interview with Lexington Medical Center; Website review of PRISMA health

- Interview with Major Crimes Investigator
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.22: Policies to ensure referrals of allegations for investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

#### 115.22 (b)

- 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  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Policy 404.6 Sexual Assault/Sexual Harassment mandates that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and this investigation shall be conducted by the facility's Internal Affairs staff.

During the onsite review, the Auditor conducted interviews with investigative staff responsible for conducting sexual abuse, sexual harassment and retaliation investigations at LCDC. The Investigator states that every report, complaint, or allegation of sexual abuse and sexual harassment, including third party and anonymous reports, shall be investigated promptly, thoroughly, and objectively.

Through interviews with investigative staff, the Auditor was informed the agency has authority to conduct criminal investigations via certified and sworn Class I Police Officers of the Lexington County Sheriff's Office. All criminal cases are presented to the County Solicitor's Office for prosecution.

Policy 109.0 OPS Investigations outlines investigative staff's responsibilities in response to allegations of sexual abuse and harassment. All assaults, including sexual assaults are reviewed for either possible criminal or administrative actions.

If criminal prosecution of an employee is a possibility, OPS will assume responsibility for conducting the criminal investigation and may enlist assistance from specialized units or outside agencies, such as the State Law Enforcement Division, as needed.

The Auditor completed a review of eighteen (18) administrative files of the previous calendar year. This included (14) staff sexual assault or harassment allegations, (3) inmate-on-inmate sexual assault or harassment allegations, and (1) facility-to-facility notification had been initiated just prior to the Auditor's arrival for the on-site review.

Of these (18) reported incidents, (13) were investigated administratively and (4) were investigated criminally; (11) were unfounded, (5) were unsubstantiated and (1) incident was substantiated; and (1) facility-to-facility notification had been initiated and an investigation was initiated same day.

The agency is responsible for both administrative and criminal sexual abuse investigations. Standard provisions 115.22(c), 115.22(d), and 115.22(e) are not applicable to this agency.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 108.0 (p. 14)
- Policy 109.0 OPS Investigations
- Interview with Major Crimes Investigator
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No
- 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  No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- 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  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- 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  No
- 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  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- 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  No

### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  
 Yes  No
- 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  No
- 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  No

### 115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

The LCDC policy requires all new employees to have in-depth training on PREA and sexual abuse, assault and harassment protocols. Through random staff interviews, the Auditor was told by each staff member that they had completed the mandatory PREA training within the reporting cycle. The training included prevention, detection, reporting and response. The policy is zero tolerance and retaliation is not allowed.

*Policy 105 Prison Rape Elimination Act (PREA) Training states: "The Training Division shall ensure that all staff members, who have contact with inmates, are trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies:*

1. *It's zero-tolerance policy for sexual abuse and sexual harassment [22 CFR 115.31 (1)];*
2. *How to fulfill their responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures [22 CFR 115.31 (2)]*
3. *Inmate's rights to be free from sexual abuse and sexual harassment [22 CFR 115.31 (3)]*
4. *The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment [22 CFR 115.31(4)]*
5. *The dynamics of sexual abuse and harassment in confinement [22 CFR 115.31(5)]*
6. *The common reactions of sexual abuse and sexual harassment victims [22 CFR 115.31(6)]*
7. *How to detect and respond to signs of threatened and actual sexual abuse [22 CFR 115.31(7)]*
8. *How to avoid inappropriate relationships with inmates [22 CFR 115.31(8)]*

9. *How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming inmates [22 CFR 115.31(9)]*
10. *How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities [22 CFR 115.31(10)]*
11. *How to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs [22 CFR 115.15 (f)]*

Employee training is conducted both in pre-service (prior to any assignment) and yearly as annual in-service training. This training is conducted formally and in a classroom setting. Employee training is also conducted informally through repetitive inmate education. Inmate education is recited twice daily during each orientation in all housing units.

Staff also attend training outside their agency when conducted and offered such as conferences and professional development events. Staff utilize NIC online based training resources and webinars when available. LCDC also incorporates PREA Standards in Focus directly from the NPRC/Impact Justice into continuous staff refresher training daily through roll call reviews.

Signatures of training received and reviewed were stored and reviewed during the Auditor's tour of the Training Facility. The Training Lieutenant 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. Formalized staff interview of the Training Lieutenant confirmed that returning employees are placed back into pre-service training sessions upon their return and prior to assuming new duties. If the returning employee has been out long enough for their SC Academy credentials to expire, they are returned to the pre-employment applicant process and processed as a new hire, completing the entire hiring process again.

Anytime new procedures are reviewed, revised and moved to implementation, staff are made aware and these are read aloud in shift briefing. Staff are also asked to sign-off on policy updates to confirm their receipt and understanding in PowerDMS.

LCDC exceeds this standard by conducting this training annually as in-service refresher training, whereas the standards require every two (2) years, and then also by continuously utilizing the Standards in Focus during roll call sessions so that staff are receiving *daily* curriculum refreshers and policy reinforcements.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 105 Prison Rape Elimination Act (PREA) Training
- Policy 111.0 Employee Training/Records
- PREA training curriculum handout and Power Point slides; training roster for employees
- Auditor observations
- Interviews with random staff
- Interview with Training Coordinator
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.32 (a)

- 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  No

### 115.32 (b)

- 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  No

### 115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

The standards mandate all volunteers and contractors who have contact with inmates to be trained in their responsibilities under PREA and the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates.

The agency's PREA policy requires all volunteers and contractors who may have contact with inmates to be trained on PREA requirements. This orientation training includes the PREA policy and related topics. All volunteers and contractors are required to sign a PREA Acknowledgement Form that states that they have been trained on PREA and understand their obligations therein. All volunteer and contract 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 areas of the facility and the inmate population. Facility key cards are deactivated immediately at the onset of any internal affairs investigation at the direction of the Bureau Commander or Internal Affairs. ID cards and key cards are returned at the expiration of services or surrendered upon suspension during an investigation or upon termination. Food Service

employees move through the facility via a separate entrance which is monitored via CCTV. This ensures these employees do not interact with inmates other than those assigned to work directly with Food Service.

Auditor formally interviewed on-site contract employees from Health Care, Commissary, and Food Service. Contract training signature sheets were available and maintained in a binder along with employee training signature sheets. 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. During the interviews, Auditor was told that volunteers and contractors are provided PREA training annually. Both volunteers and contractors have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Also during these initial interviews, the Food Service contract employees did not seem immediately clear on the role as a First Responder and this was brought to the immediate attention of the PREA Coordinator. The Auditor and PREA Coordinator conducted a telephone interview with the Food Service Director at this time and re-training of all food service employees was scheduled for the following business day.

While on-site, the LCDC PREA Coordinator conducted re-training of all Food Service contract employees and in the presence of the Auditor. Again, the PREA Standards in Focus from NPRC/Impact Justice were used, as well as refresher handouts and copies of the standard (Final Rule). Signatures were captured on a training roster. Auditor re-interviewed Food Service contract employees on next day after the training had been completed and all seemed now very aware of their role as a First Responder should they be the first person that an inmate discloses to during the course of their duties. All of the individuals who were re-interviewed were able to explain to the Auditor the components of the training, the requirement to report immediately, and the preservation of physical evidence should they be made aware of an incident.

This rapid response by the PREA Coordinator brought the facility into compliance with this standard within 24 hours of the identification by the Auditor and before the final report being issued.

Auditor also one (1) volunteer chaplain who has been working with the agency for approximately five (5) years. During this interview it was indicated by the volunteer that she had received all required training, she seemed very well informed in her role and responsibilities as they relate to First Responder awareness and also understood the limits of confidentiality as they relate to mandatory reporting. She indicated that the volunteers received formalized training at the onset of their duties and then yearly as refresher training.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- LCDC Policy 105 Prison Rape Elimination Act (PREA) Training
- Policy 111.0 Employee Training Records (to include training for contractors and volunteers)
- Volunteer Program Application Form
- PREA Training curriculum and materials for volunteers
- PREA Acknowledgement Form for Volunteers and Contractors
- Volunteer training roster

- Auditor observations
- Interviews with volunteers and contract employees
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.33: Inmate education

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No

#### 115.33 (b)

- 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  No
- 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  No
- 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  No

#### 115.33 (c)

- Have all inmates received such education?  Yes  No
- 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  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

### 115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?  Yes  No

### 115.33 (f)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:

All inmates in the LCDC are provided PREA orientation materials at intake. Staff interviewed indicates that intake education normally happens on the first day the inmate is admitted to the LCDC. This orientation is provided in Housing Unit G, the Orientation Unit, where all inmates are provided the LCDC Inmate Guidebook, as well as a PREA Handout. These documents are provided electronically and provide detailed information about PREA, the agency's zero tolerance policy, key definitions of certain conduct, how youth can protect themselves, and how to report sexual abuse or harassment.

The PREA standard requires that within 30 days of intake, inmates must receive comprehensive education regarding PREA. The LCDC Policy 404.6 Sexual Assault/Sexual Harassment requires this additional education within 30 days, and interviews with staff that provide the comprehensive PREA education indicate this training is normally done on the first arrival day after the inmate enters the facility. The comprehensive training also includes the informational video "PREA: What You Need to Know" as provided by Just Detention International. The video gives an overview of corrections policies to prevent and respond to this abuse, covering how inmates can safely report abuse, the types of victim services available to inmates following an incident of sexual abuse, and what it means for a facility to have a "zero-tolerance" policy. Inmates are able to view this video via a YouTube [link](#) provided on handheld tablets.

Additional information is then provided during their inmate facility orientation in the Intake/Classification housing unit, where inmates are typically held in this unit 5-7 days awaiting classification to appropriate housing. This process offers the inmate a number of different times and modes when/where PREA information is available to the inmate population.

Upon receipt of the PREA training in orientation housing, inmates are required to document receipt of training by acknowledging and digitally signing the PREA Acknowledgement Form and to demonstrate they understand their rights under PREA and more specifically, the ways they can report sexual abuse and sexual harassment. The record of receipt is also captured in each inmate's electronic record.

The training can be provided in other languages via the program's contracted translation service, if necessary. Visually impaired inmates would be provided all PREA information verbally from the PREA Coordinator, PREA Manager, or other supervisory staff.

Housing unit officers as well as supervisors are readily available throughout the day and night to answer any questions, reinforce material highlights such as the hotline telephone number and other reporting options, and wall posters containing pertinent information are also pointed out during each orientation session.

The facility ensures key information about PREA is continuously and readily available and visible to inmate through displays of PREA posters in common areas of the facility with the abuse hotline number in bold print. Posters are displayed in English and Spanish. The facility provides translation services for all PREA educational materials for inmates with special needs (e.g., limited English proficient, deaf, visually impaired, limited reading skills, etc.).

Documentation related to training provided to inmates, to include their receipt of any written literature, is maintained in the inmate's confinement record. Via a random sample of offender packets, all contained signed Acknowledgment forms.

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 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 (803-333-5555) and that they also had the right to be free from retaliation after a report or disclosure was made.

Based on the information discovered in the agency policy, observations, and information obtained through staff and inmate interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- PREA Inmate Education Training Video "*PREA: What You Need to Know*" as provided by Just Detention International
- Inmate Handbook (available electronically on kiosk)
- Sexual Assault Awareness for Offenders handout provided at Intake
- PREA Posters and Brochures posted and displayed for inmates in the facility in both Spanish and English
- PREA Acknowledgement Forms signed of inmate orientation for PREA
- Auditor observations
- Interviews conducted with random staff
- Interviews conducted with inmates

- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.34 (a)

- 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 have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

- 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  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- 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  No  NA
- 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  No  NA

### 115.34 (c)

- 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  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

The agency's PREA policy requires, at a minimum, any OPS investigator assigned to conduct PREA investigations to receive specialized training and that all such training is documented. The training materials cover all the mandatory elements as outlined by the standard. Agency policy requires that internal investigations be conducted in cooperation with any law enforcement criminal investigation.

Internal investigations are conducted by the LCDC personnel as well as allegations of criminal sexual abuse. The Lexington County Sheriff's office is legally responsible to use Miranda for criminal investigations, with notifications made to the Bureau Commander or Sheriff. Depending on the circumstances surrounding a criminal investigation, the LCDC may exercise discretion and refer the investigation to the South Carolina Law Enforcement Division (SLED) for an independent review.

Training documentation is maintained for all individuals that have completed the specialized internal investigator training. The agency boasts twenty (20) supervisors which have received this specialized training. Sexual assault investigators have received specialized training and Auditor viewed all training certificates indicating specialized training had been received. The average length of service for this investigative team is 5.5 years of specialized service with the Major Crimes Unit.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment.0 (page 13)
- LCDC Policy 109.0 Internal Investigations (pp. 2-3)
- Interview with Major Crimes Detective Supervisor
- Interview with Lt. Jeremy Vetter, PREA Coordinator

**Standard 115.35: Specialized training: Medical and mental health care**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.35 (a)**

- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

#### 115.35 (b)

- 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.)  Yes  No  NA

#### 115.35 (c)

- 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?  Yes  No

#### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

All nurses and physicians who are contracted by LCDC through Wellpath, Inc. are licensed in their respective area of expertise. Interviews revealed medical practitioners contracted by LCDC clearly understand how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and to whom allegations or suspicions of sexual abuse and sexual harassment should be reported.

Auditor reviewed Policy 404.2 (J) General Health Care, indicating all contract health care providers participate in specialized PREA training as a condition of their contract and consistent with PREA Standards. This includes all full and part-time health care providers, as well as any other sub-contracted health care workers and volunteers with contact with inmates utilized by the contract health care provider. Interview with the Director of Nursing indicated that they complete this specialized training through Wellpath Academy. The training is specifically designed to cover the mandatory elements of the standard.

They also receive mandatory training presented to contract health care providers by LCDC training officials, the detention center's PREA Coordinator, and/or other specialists approved by the detention center and/or the contract health care provider. Training for recently hired contract providers is completed prior to their assignment at the LCDC as orientation training.

There are 11 contracted nurses (5 RNs, 6 LPNs) that work 12 hour shifts offering correctional healthcare at the LCDC. Contracted medical staff also includes 1 Medical Doctor, 1 Nurse Practitioner, 1 dentist, 1 dental assistant. Mental health services are staffed with 1 Psychiatrist, 1 Psychiatrist Nurse Practitioner, 1 MH Coordinator, and 2 MH Professionals where crisis intervention services are provided as needed.

An interview with the contracted Medical Director of Nursing confirmed that she did receive specialized training, as well as PREA training. Specialized training included detecting and assessing for signs of sexual abuse and sexual harassment, preservation of evidence, responding effectively and professionally to victims of sexual abuse and sexual harassment, and to whom to report allegations or suspicions of sexual abuse or sexual harassment. She also reported that any information should be reported to the PREA Coordinator, Captain, or Investigator.

The facility does not conduct any forensic evaluations. In the event an inmate alleges sexual abuse the victim would be taken to the local hospital to see a SANE/SAFE. Forensic examinations will be conducted in an emergency room facility by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners and not by the medical staff at the LCDC.

This is further supported by the telephone interview the Auditor conducted with area hospital which confirmed SAFE/SANE availability at Lexington Medical Center.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- LCDC Policy 404.2 (J) General Health Care
- PREA Training Lesson Plan for staff
- Medical/Mental Health staffing matrix
- Wellpath Academy for Learning and Leadership Development Certificates of Completion
- PREA Acknowledgement Form signed for Volunteers and Contractors executed by contract medical staff from Wellpath
- Interview with Lt. Jeremy Vetter, PREA Coordinator
- Interview with Wellpath Director of Nursing

# SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.41 (a)

- 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  No
- 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  No

### 115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?  
 Yes  No

### 115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?  
 Yes  No

### 115.41 (d)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

- 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 risk gender nonconforming or otherwise may be perceived to be LGBTI)?  Yes  No
- 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  No
- 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  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate s detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- 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  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?  Yes  No

- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  
 Yes  No

#### 115.41 (h)

- 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  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:

Auditor reviewed LCDC Policy 400.1 PREA Intake Medical Screening that requires screening to commence upon an inmate's arrival at the facility and is performed by health-trained or qualified health care personnel.

Here, all inmates are informed about how to access health services and the grievance system and this information is communicated orally and in writing, in a language that is easily understood by each inmate. When a language problem prevents an inmate from understanding written information, a staff member or translator assists the inmate.

This risk screening is then forwarded to the LCDC health care providers and to the Classification Section. Classification officers are required to utilize this information to assist them in making informed, initial housing recommendations/assignments as well as objective based decisions regarding an inmate's programs work assignments in a manner that promotes the safety and security of staff, inmates, and others. Inmates deemed at risk of being sexually abused are recommended for separation from those inmates deemed as high risk of being sexually abusive.

The screening process is very thorough and gathers a significant amount of information that is used to determine the inmate's housing, programming, and placement needs. The screening instrument appropriately covers all eleven topical areas of information as detailed in this standard. Additionally, the screening tool triggers a notification be made to the PREA Coordinator who is notified whenever an inmate is approved for separation due to their propensity toward victimization or abusiveness.

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. 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 implemented appropriate controls through a secure JMS system that ensures sensitive information is not exploited to the inmate's detriment by staff or other inmates. Sensitive sexual abuse information obtained through any assessment is provided only to designated staff who ensure that confidential information is not exploited by staff, contractors, volunteers or other residents. Any paper inmate records are kept in controlled access areas/offices.

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.

The screening tool is reviewed and approved by the Bureau Commander and the detention center physician prior to implementation. Booking officers have received training on the use of the form by the Booking Supervisors. All training is documented and is kept in each employee's training file.

Interviews with facility leadership indicated that all information obtained during intake is used appropriately in making placement decisions. In addition, the facility is set up in a way, both physically and operationally, that allows all inmates to shower separately. Therefore, transgender and intersex inmates are never required to shower with other inmates.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

## Policy, Materials, Interviews and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by LCDC
- LCDC Policy 400.1 PREA Intake Screening/Risk of Victimization (pp. 173-176)
- LCDC Policy 401 Classification Plan (pp. 177-181)
- Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk
- Sample intake packet with health history checklist, risk screening
- Interviews with inmates
- Interviews with officers who conduct intake screening/booking staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.42: Use of screening information

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.42 (a)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

#### 115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate?  Yes  No

#### 115.42 (c)

- 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  No

- 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 present management or security problems?  Yes  No

#### 115.42 (d)

- 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  No

#### 115.42 (e)

- 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  No

#### 115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  Yes  No

#### 115.42 (g)

- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Auditor reviewed Policy 400.1 PREA Intake Screening/Risk of Victimization (use of the assessment to make decisions regarding initial housing, program, and work assignments); special consideration for housing assignments, housing changes, program assignments, and work assignments for transgender or intersex inmates; Policy 300.0 Inmate Classification Plan.

LCDC Policy 400.1 requires that all information gathered via the intake and assessment process be used to ensure appropriate classification and placement of the inmate, as well as any necessary security or protective precautions required to ensure an inmate's sexual safety. Policy requires the facility staff to make individualized determinations of how to ensure the safety of each inmate.

The PREA Coordinator is notified of any inmates who are at risk of victimization or at risk of predatory behavior and the LCDC ensures appropriate precautions are taken.

LCDC Policy 400.1(E.) outlines a Transgender/Intersex accommodation plan. Consistent with the inmate's immediate safety and security needs, all classification decisions are reviewed and approved by the Classification supervisor prior to any inmate's movement, placement or removal from any housing assignment, work assignment or program. If an inmate needs to be moved immediately to protect the safety and security of the inmate, supervisory review takes place no later than the end of the shift.

Transgender and intersex inmate's placement and programming assignments are reassessed at least twice (two (2) times) per year, or once every six (6) months. All reassessments are documented by classification personnel and are maintained for record keeping purposes. LCDC policy specifically prohibits the placement of gay, lesbian, transgender, intersex or bi-sexual inmates in dedicated facilities, units, or wings of the facility solely on the basis of their sexual orientation, such identifier, or status and further, prohibiting considering LGTBI or status as an indicator of likelihood of being sexually abusive. Transgender and intersex inmates given the opportunity to shower separately from other inmates.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- LCDC Policy 400.1 PREA Intake Screening/Risk of Victimization (pp 173-176)
- LCDC Policy 401 Inmate Classification Plan (pp 177-181)
- Vulnerability Assessment Instrument: Screening for Risk of Victimization and/or Sexually Aggressive Behavior/Overall Risk (Assessment Type 1 – Intake Screening)
- Sample intake packet with health history checklist, risk screening
- Interviews with medical staff
- Interviews with classification staff
- Interviews with officers who conduct intake screening
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.43: Protective Custody

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.43 (a)

- 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  No
- 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  No

#### 115.43 (b)

- 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  No
- 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  No
- 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  No
- 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  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?  Yes  No

#### 115.43 (c)

- 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  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- 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  No

- 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  No

#### 115.43 (e)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Auditor confirmed that the LCDC has a policy for administrative separation. Policy 401(C) states that the placement of an inmate in involuntary separation status solely due to his/her perceived risk of sexual victimization, sexual orientation, gender identity status, intersex status, age, or transgender status, is prohibited unless an assessment of all other available housing resources has been exhausted and there are no other viable alternatives for separating the inmate from likely abusers. If an immediate assessment cannot be completed, designated staff may involuntarily place an inmate in administrative separation status for no more than 24 hours while the assessment is completed.

The Auditor reviewed and toured the segregated housing unit and cells during the on-site portion of the audit. No high risk inmates were involuntarily segregated for protection purposes during the reporting period. Staff who supervise inmates in segregated housing indicated the inmates are allowed limited programs and privileges including visiting, recreation, telephones, and property. During the tour, it was noted that there were no inmates currently housed in segregated housing due to concerns of victimization.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

#### Policy, Materials, Interviews and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by LCDC
- LCDC Policy 401(C) Involuntary Restrictive Housing
- Auditor observations
- Interviews with officers who supervise Restrictive Housing Unit
- Interviews with classification staff
- Interviews with Lt. Jeremy Vetter, PREA Coordinator

## REPORTING

### Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No

#### 115.51 (b)

- 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  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- 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?  Yes  No

#### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

LCDC Policy 404.6 Sexual Assault/Sexual Harassment, the Inmate Orientation Handbook and the PREA literature and orientation materials were reviewed by the Auditor. Policy requires the facility to provide multiple internal ways for inmates to privately report sexual abuse/harassment, retaliation by other inmates or staff for reporting sexual abuse/harassment, and staff neglect or violations of responsibilities that may have contributed to such incidents. The policy mandates the facility to provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse/harassment to agency officials, allowing the inmate to remain anonymous upon request.

It requires staff to accept reports made verbally, in writing, anonymously, and from 3<sup>rd</sup> parties and to promptly document any verbal reports. Policy mandates the facility to provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

The LCDC provides inmate multiple internal ways to report sexual abuse and sexual harassment, retaliation, and staff neglect. Inmates receive education about reporting at intake, through comprehensive PREA education within 30 days and through visible and available information in the facility at all times.

These reporting methods include verbally telling a staff member, medical staff, volunteer, contractor or the PREA Coordinator; calling the abuse hotline; submitting a written grievance; having a third-party submit an oral or written complaint on the inmate's behalf; inmates may write an informal written correspondence to supervisory staff. The facility provides inmates with access to tools necessary to make a written report.

Inmates are provided an abuse reporting number and information about making reports (including anonymous reports) to the hotline, which they may dial at (803) 333-555 and this number is external to the detention center. Staff at the LCDC may use this hotline to privately report abuse as well. All inmates knew exactly where the posters are located and how to call the abuse hotline.

While third party reporting information is posted on the agency's website, the Auditor discovered that this information was not posted in the front lobby of the facility during the on-site portion of the audit. This was brought to the attention of the PREA Coordinator, who acted immediately. Said information was posted by the end of the same day and third party reporting information is now posted in the front visitation lobby of the facility.

Third parties, including other fellow inmates, staff, family members, legal counsel and outside advocates, are permitted to assist inmates in reporting incidents related to allegations of sexual abuse and are permitted to file such requests on behalf of inmates. Posters and brochures (in English and Spanish) located around the LCDC provide the telephone number to residents in a very visible manner.

There are provisions for emergency grievances. Through discussion with the PREA Coordinator, LCDC does not house inmates detained solely for civil immigration reasons. LCDC has procedures in place for a detained or arrested Foreign National which outlines procedures to be followed in the event of a booking of a foreign national detainee.

If the foreign national requests consular notification, the booking officer or supervisor will immediately notify the nearest consular office and advise officials of the individual's admission to the detention

center. The booking officer/supervisor will also allow the foreign national to speak to the consular office, if requested. The booking officer will ensure that documentation related to any all notifications is placed in the inmate's confinement record for record keeping purposes.

The rapid response by the PREA Coordinator brought the facility into compliance with this standard within 24 hours of the identification by the Auditor and before the final report being issued.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- LCDC Policy 304 Inmate Grievances (pp. 152-155) Inmate Grievance Considerations for Compliance with PREA Standards; LCDC Inmate Grievance Form, LCDC Emergency Form)
- MOU with Lexington County Government on the protocol and procedure for inmates of LCDC to report sexual abuse/harassment
- Report of an investigation
- Inmate Handbook
- Inmate orientation in the use of the phone for reporting sexual abuse/sexual harassment
- Testing of reporting hotline and kiosk systems
- Auditor observations
- Interview with Grievance Clerk
- Interviews with inmates, random staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

**Standard 115.52: Exhaustion of administrative remedies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.52 (a)**

- 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.  Yes  No  NA

**115.52 (b)**

- 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  No  NA
- 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  No  NA

### 115.52 (c)

- 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 this standard.)  Yes  No  NA
- 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  No  NA

### 115.52 (d)

- 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  No  NA
- 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  No  NA
- 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  No  NA

### 115.52 (e)

- 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  No  NA
- 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  No  NA
- 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  No  NA

### 115.52 (f)

- 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  No  NA

- 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    No    NA
- 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    No    NA
- 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    No    NA
- 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    No    NA
- 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    No    NA
- 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    No    NA

#### 115.52 (g)

- 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    No    NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

The agency has a formalized grievance policy. The Inmate Handbook informs inmates of the grievance process. 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. There are provisions for emergency grievances.

The Auditor reviewed grievances/emergency grievances filed alleging sexual abuse or sexual harassment during the reporting period. PREA standards require that no time limit be placed on the filing of grievances filed for sexual abuse or sexual harassment. The Inmate Handbook and the LCDC grievance policy clearly states that grievance for sexual abuse can be filed anytime and there is no time limit.

The LCDC policy provides for emergency grievances of a PREA incident where the inmate is subject to a substantial risk of imminent sexual abuse that must be resolved within 48 hours as required by the PREA standards; Understanding that inmates may find it difficult to submit a formal complaint regarding sexual abuse within the current time frames allowed for the submission of inmate grievances, the LCDC will not impose any time limit on when an inmate may file a grievance regarding an allegation of sexual abuse. The LCDC will not require an inmate to attempt to informally resolve an allegation of sexual abuse.

An inmate may file an emergency grievance alleging that he/she or another inmate is subject to substantial risk of imminent sexual abuse through the kiosk system. Emergency grievances are immediately forwarded to the PREA Coordinator, PREA Managers, Facility Captain, Internal Affairs, and Major Crimes Unit, without exception, so that immediate corrective action can be taken. Should the PREA Coordinator, or any of the above mentioned be unavailable, the emergency grievance is forwarded to the highest ranking staff member on duty. Auditor observed this process while on-site and also observed the nearly immediate notification received to the PREA Manager's cell phone.

An investigation into the allegation is immediately initiated consistent with the procedures outlined in Policy 404.6 Sexual Assault/Sexual Harassment. Under no circumstances will an emergency grievance of this type be forwarded to any staff member who may be a subject of the emergency grievance.

Third parties, including other fellow inmates, staff, family members, legal counsel and outside advocates, are permitted to assist inmates in filing requests for administrative remedies related to allegations of sexual abuse and are permitted to file such requests on behalf of inmates.

The grievance policy covers all aspects of the standard including third party reporting, established procedures for filing an emergency grievance alleging substantial risk of imminent sexual abuse, and disciplinary procedures for an inmate filing a grievance in bad faith.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Inmate Orientation and Handbook
- Auditor observation of emergency grievance filing and notification process
- LCDC Policy 304 Inmate Grievances (pp. 152-155) Inmate Grievance Considerations for Compliance with PREA Standards; LCDC Inmate Grievance Form, LCDC Emergency Form)
- Interview with Grievance Clerk, grievances filed
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.53: Inmate access to outside confidential support services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.53 (a)

- 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  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

- 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  No

#### 115.53 (c)

- 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  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:

The LCDDC Policy 404.6 Sexual Assault/Sexual Harassment states that “a victimized inmate may at any time request a victim advocate or other qualified agency staff member or contracted organization to accompany him/her through the forensic medical examination process or investigatory interview process. Further, this same policy states that victim advocates, qualified staff members or approved organizations may also be requested by the inmate to provide emotional support, crisis intervention, information and referrals. Inmates desiring such support will make a confidential, written request to the facility PREA Coordinator who will meet with the inmate to discuss and to arrange for such services. To

the extent possible consistent with security and safety requirements, the facility will provide inmates with confidential access to such services and will provide the inmates access to such individuals and/or organizations via mail or telephone/telephone hotline services. The facility will inform inmates prior to giving them access to such services, numbers and addresses, the extent to which the facility may monitor communications in accordance with mandatory reporting laws.”

The LCDC has entered into an ongoing agreement for collaborative services with Sexual Trauma Services of the Midlands (STSM), where staff are trained to assess and provide counseling services for sexual abuse victims. Upon a referral by the LCDC of a victim of sexual assault, STSM agrees to provide (at no charge to victim) advocacy and in-person support services to the victim through the forensic medical examination process as well as the investigatory interview process. Advocates provide support, crisis intervention, information and referral services to the victim.

The Auditor reviewed information and phone numbers for contacting the Sexual Trauma Services of the Midlands (through a direct line by dialing \*637), National Organization for Victim Assistance (NOVA), State Office of Victim Assistance (SOVA), Rape Abuse and Incest National Network (RAINN). Calls to report sexual assault and/or harassment are not monitored.

Additionally, services are also available in-house by qualified staff through the contract health care provider, Wellpath. At a minimum, these services will include:

- 1). Mental health crisis intervention and treatment;
- 2). Social, family, and peer support; and
- 3). Medical treatment, including testing for HIV and other sexually transmitted diseases, emergency contraceptive and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Crisis intervention services are offered within 24 hours of notification which is received through a medical referral. There is also a community liaison for Lexington County residents for continuity of care post-confinement.

All treatment services are provided without cost to the victim, regardless of whether the victim names the perpetrator or cooperates with an investigation into the alleged sexual abuse. To the extent possible, all services provided are consistent with the community level of care.

LCDC is a pre-adjudication detention facility. Therefore, inmates are provided reasonable access to their legal counsel and the inmate handbook provides that legal correspondence is exempt from being opened in front of staff. Additionally, there are no time limits on phone calls with legal counsel. Inmates are provided reasonable access to their friends and family members via phone privileges and regular visits with same and to receive mail from these individuals.

Based on the information discovered in the agency policy, observations, and information obtained through staff and inmate interviews, the Auditor has determined the facility meets the requirements of the standard.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Agreement for Collaborative Services between Sexual Trauma Services of the Midlands
- Inmate educational materials (Inmate Handbook; PREA handout; posters, brochures)
- Outside confidential support services calls placed records (\*637)
- Interviews with inmates, random staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment which defines who, as a third party, may report an incident of sexual abuse/harassment.

Auditor also reviewed the Lexington County Sheriff's Office website which cites the LCDC ZERO Tolerance Policy towards sexual assault (*"Lexington County Detention Center is committed to its "zero-tolerance policy" of sexual assault and sexual victimization. This zero-tolerance policy affects every employee and every person under Lexington County Detention Center supervision; defines **Zero Tolerance** to mean that "no sexual act, contact or harassment, will be tolerated between any inmate with another inmate and/or between an inmate and an employee per South Carolina South Carolina Code of Laws §44-23-1150"*); and delineates the consequences of violation of the Zero Tolerance Policy for both staff and inmates. There is posted information indicating whom to contact to report incidents of a sexual nature, and a phone number to report such and that such reports may be made directly to the PREA Coordinator, in writing, or call (803) 785-2704, a monitored line.

Third party reporting information is posted in both the front visitation lobby of the facility, as well as on the agency's website via the PREA Compliance links provided. Third parties, including other fellow inmates, staff, family members, legal counsel and outside advocates, are permitted to assist inmates in reporting incidents related to allegations of sexual abuse and are permitted to file such requests on behalf of inmates.

Third parties may report incidents of sexual harm to investigations directly, through telephone, in person at the detention center, or using complaint forms that are available on the facility's website. All reports are handled in a confidential manner. Once an employee receives a third-party report they document on an incident report, notify their supervisor, and notify the PREA Coordinator. An initial response will then commence. Staff acknowledged this protocol during interviews.

It is the responsibility of the PREA Coordinator to ensure that reporting methods are communicated to staff, inmates, volunteers, contractors and third parties in written literature and/or via training.

Based on the information discovered in the agency policy, observations, and information obtained through staff and inmate interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Review of Lexington County Sheriff's Office website <https://www.lexingtonscsheriff.com/>
- Front Lobby notice posting
- Interviews with inmates, random staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

<b>OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT</b>
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**Standard 115.61: Staff and agency reporting duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.61 (a)**

- 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  No
- 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  No
- 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 abuse or sexual harassment or retaliation?  Yes  No

**115.61 (b)**

- 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  No

**115.61 (c)**

- 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  No

- 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  No

#### 115.61 (d)

- 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  No

#### 115.61 (e)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:

LCDC Policy 404.6 Sexual Assault/Sexual Harassment and procedures in place which requires all staff to immediately report incidents of sexual abuse/harassment or retaliation to their immediate supervisor. All "staff" includes contract employees, civilians and volunteers.

The agency's PREA policy clearly extends the reporting requirement to include sexual harassment, as well as sexual abuse. The agency's PREA policy states that retaliation will not be tolerated and explicitly requires staff to report any suspected or known retaliation against residents or staff.

Additionally, the agency prohibits staff 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 or provide for the safety, security and well-being of the inmate.

Staff interviews confirmed that all staff knew to report incidents to an immediate supervisor and/or PREA Coordinator. Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

#### Policy, Materials, Interviews and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Interviews with inmates, random staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.62 (a)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment that indicates that any employee, contractor, or volunteer is responsible for filling out an Incident Report as soon as possible in order to protect the inmate.

The agency reports that there have been no situations in this reporting period where the facility determined an inmate was subject to substantial risk of imminent sexual abuse. Review of policy and interviews with the PREA Coordinator and the Bureau Commander demonstrated the protective measures that would be taken in the event it was found that a resident was at imminent risk of sexual abuse.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Interviews with random sample of staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.63 (a)

- 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  No

### 115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

### 115.63 (c)

- Does the agency document that it has provided such notification?  Yes  No

### 115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:

Auditor reviewed PREA Policy 404.6 indicating that an inmate who alleges sexual abuse while in another facility will be evaluated and assessed by healthcare, notification to the transferring agency head will be made as soon as possible but no later than 72 hours after receiving the allegation, and that every effort shall be made to follow-up with the agency to ensure the allegation is investigated.

During this review period, LCDC has received one (1) allegation through the kiosk system and where the alleged abuse occurred at another facility. The facility provided the Auditor a copy of all records sent to the facility where the incident allegedly occurred in 2018 and this allegation was reported to LCDC in 2020, just days prior to the Auditor's arrival on-site. The facility that was notified, interviewed the inmate while the Auditor was conducting the on-site visit and the Auditor conducted an interview with this same inmate the following business day. During this interview, as well as a follow up interview conducted with the inmate which had reported, the inmate stated that they felt the LCDC's response was timely and appropriate. Auditor confirmed through both staff and inmate that medical and mental health care was also provided, as well as addresses and phone numbers to advocacy centers.

The files were reviewed and investigation was underway during the Auditor's on-site review. The initial notification was made within the required 72 hours of receipt.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Sexual Abuse or Harassment Report
- Auditor observation of a facility-to-facility notification and records
- Interview with inmate who reported
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.64: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.64 (a)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.64 (b)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:

Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment defining first responder duties. While staff are trained on first responder duties, Policy 404.6 Sexual Assault/Sexual Harassment does not make any distinction between “security staff” first responders and “non-security staff” first responders whose duties in the PREA standard are different.

A security staff first responder is required to:

- Separate the alleged victim and abuser;
- Preserve and protect the crime scene;

- If appropriate, request the alleged victim to not destroy evidence (as detailed in standard); and
- If appropriate, ensure the alleged abuser does not destroy evidence (as detailed in standard).

A non-security staff first responder is required to request the victim to not destroy evidence (as detailed in standard) and then notify a security staff member.

Interviews with volunteer and contractor staff concluded that this distinction and their responsibilities had not been clearly understood and agreed that, although now understood and accepted, would require re-training of contractor staff in order to meet compliance with this standard.

The LCDC reports that there had been one (1) allegation that an inmate was sexually abused and a First Responder report was made. However, there were no victims available for interview by the Auditor. Auditor did conduct first responder staff interview.

Auditor formally interviewed on-site contract employees from Health Care, Commissary, and Food Service. During these initial interviews, the Food Service contract employees did not seem immediately clear on the role as a First Responder and this was brought to the immediate attention of the PREA Coordinator. The Auditor and PREA Coordinator conducted a telephone interview with the Food Service Director at this time and re-training of all food service employees was scheduled for the following business day.

While on-site, the LCDC PREA Coordinator conducted re-training of all Food Service contract employees and in the presence of the Auditor. Again, the PREA Standards in Focus from NPRC/Impact Justice was used as well as refresher handouts and copies of the standard (Final Rule). Signatures were captured on a training roster. Auditor re-interviewed Food Service contract employees who were now very aware of their role as a First Responder should they be the first person that an inmate discloses to during the course of their duties. All of the individuals who were re-interviewed were able to explain to the Auditor the components of the training, the requirement to report immediately, and the preservation of physical evidence should they be made aware of an incident.

This rapid response by the PREA Coordinator brought the facility into compliance with this standard within 24 hours of the identification by the Auditor and before the final report being issued.

Auditor also one (1) volunteer chaplain who has been working with the agency for approximately five (5) years. During this interview it was indicated by the volunteer that she had received all required training, she seemed very well informed in her role and responsibilities as they relate to First Responder awareness and also understood the limits of confidentiality as they relate to mandatory reporting. She indicated that the volunteers received formalized training at the onset of their duties and then yearly as refresher training.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

#### **Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Volunteer and Contract Staff Training Curriculum and signature sheets
- Auditor observation
- Targeted interviews with contract, volunteer staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

The LCDC has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Policy establishes the coordination to be followed in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Facility leadership and line staff understood the response that is required when allegations of sexual abuse are made and were able to adequately describe their role, if appropriate.

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.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

#### Policy, Materials, Interviews and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment (pp. 234-235 which defines the Coordinated Response Plan)
- PREA Coordinated Response Plan processing outlines for First Responders (broken out by officer and supervisor)
- Interview with Wellpath Director of Nursing
- Interview with Lt. Jeremy Vetter, PREA Coordinator

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Lexington County has not entered into any collective bargaining agreement or other agreement since August 20, 2012. The facility does not have an employee union. LCDC does not have any agreement in place that would prohibit the agency from carrying out its PREA related duties and responsibilities. Therefore, this standard is met.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.67: Agency protection against retaliation

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.67 (a)

- 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  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- 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  No

#### 115.67 (c)

- 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  No
- 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  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- 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  No
- 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  No
- 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  No
- 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  No

- 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  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?  
 Yes  No

#### 115.67 (e)

- 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  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:

Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment which requires protection for all inmates and staff who report sexual abuse/harassment or cooperate with sexual abuse/harassment investigations from retaliation by other inmates or staff. It further requires the facility to designate which staff members or departments are charged with monitoring retaliation.

The agency reports that the designated staff member charged with monitoring retaliation is the Grievance Coordinator and that the requirements of this standard would be met in the event the LCDC has an allegation or suspicion of retaliation. Per standard protocol of the LCDC, 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 monitoring by staff continues throughout the entire length of their incarceration until the inmate is released. Staff monitoring efforts are documented in the inmates tracking file and where Classification staff can make notes and track updates and status changes, to include any pertinent information regarding inmate behavior. This information, to include housing and classification decisions and information regarding vulnerability, is then only available to Classification personnel and Command Staff.

Supervisory staff enter every housing unit, every day. Interview with the Retaliation Monitor indicates regular reviews are completed by the classification staff on all housing units and where

recommendations specific to inmate progress is discussed with facility managers to see if certain inmates would better be suited in a different housing unit placement.

Interviews with key leadership staff indicate the requirements of this standard would be met in the event the agency does gain knowledge, suspicion, or an allegation of retaliation. The facility has adopted the practice of monitoring retaliation from the time an allegation is made for a minimum of 6 months or until the inmate is discharged from the facility or no longer requests monitoring, whichever may come first.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Interview with Grievance Coordinator, Retaliation Monitor
- Interview with Lt. Jeremy Vetter, PREA Coordinator

**Standard 115.68: Post-allegation protective custody**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.68 (a)**

- 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  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment that involuntary segregation will not be used as a means of separating victims from abuser unless no other alternative is available.

No involuntary housing placements or assignments have been made over the reporting period. Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- 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  No  NA

#### 115.71 (b)

- 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  No

#### 115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  
 Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### 115.71 (d)

- 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  No

#### 115.71 (e)

- 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  No
- 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  No

**115.71 (f)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- 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  No

**115.71 (g)**

- 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  No

**115.71 (h)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  Yes  No

**115.71 (i)**

- 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  No

**115.71 (j)**

- 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  No

**115.71 (k)**

- Auditor is not required to audit this provision.

**115.71 (l)**

- 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  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

The agency conducts both administrative and criminal sexual abuse investigations for sexual harassment, sexual abuse, and staff sexual misconduct. OPS staff at the facility conducts all investigations to include third party and anonymous reports.

When and if criminal prosecution of an employee is a possibility, LCDC may enlist assistance from specialized units or outside investigative agencies.

During a discussion with the Major Crimes Investigator, it was indicated that when a case rises to the level of criminal, the facility investigators make contact with the State Law Enforcement Division (SLED), who provides guidance on how to proceed with the case.

Information provided during specialized interviews with investigative staff indicates that allegations are initiated immediately and are investigated objectively and thoroughly and that reports received from third parties and anonymously are treated like any other PREA allegation. Statements of victim, suspect, and any witnesses are taken and all investigators have received training on dynamics of interviewing through trauma informed approaches and gender responsiveness.

Crime scene preservation and collection will commence at the onset of report of physical assault/abuse and what evidence may be present is gathered through the use of specially trained crime scene personnel. Any DNA evidence gathered will be sent to the State Law Enforcement Division for analysis.

A review of investigative reports, agency policies, and interviews verified that there is significant effort on behalf of investigators to determine whether staff actions or failures to act contributed to abuse. Investigations are conducted promptly as evidenced by investigation reports and supported by agency policy and protocols, when the allegations was received from either the victim, a third party or anonymously. Once an investigation is completed, information is summarized in a written report that contains a thorough description of physical, testimonial, and documentary evidence.

Through interviews with investigative staff, the Auditor was told that the efforts taken during an administrative investigation to determine whether staff actions or failure to act contributed to sexual abuse include interviews, review of any video files, review of appropriate logs/sign in sheets, review of the policy and the staff's post orders. They indicated in their written reports they include all the details that they gather from the assault to the conclusion.

Investigative staff stated that the investigation is continued on both staff and inmate allegations, if the victim or suspect leaves custody or the employment of the agency, and is referred for prosecution, if warranted. Investigators will keep the alleged victim apprised throughout the entire process through the final outcome of the case.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Formalized staff interview with Major Crimes Investigator Supervisor
- Investigative records/files
- Interviews with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.72 (a)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment. The detention center and the Sheriff's Office have no standard higher than the preponderance of the evidence when determining whether an allegation of sexual abuse or harassment is substantiated as dictated by the PREA Standards.

Interviews with investigative staff confirm compliance with this standard. Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

#### Policy, Materials, Interviews and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment (p. 13)
- Interview with investigative staff
- Interviews with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.73 (a)

- 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  No

### 115.73 (b)

- 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  No  NA

### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (d)

- 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  No
- 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 convicted on a charge related to sexual abuse within the facility?  Yes  No

### 115.73 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment indicating that inmates will be informed about the outcome of the investigation, and further the agency will inform the inmate about the placement of the staff member location/employment. The agency's PREA policy is consistent with this PREA standard and interviews with investigative staff and the Bureau Commander confirm a practice that demonstrates compliance.

Auditor reviewed sample document informing the inmate about the allegations of an unfounded nature.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

#### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Interview with investigative staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### 115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

### 115.76 (c)

- 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  No

### 115.76 (d)

- 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  No
- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:

Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment which mandates disciplinary sanctions for staff who violate the agencies sexual abuse or harassment policies. The agency PREA policy requires that staff be subject to disciplinary action up to and including termination of employment for violations of sexual abuse harassment or sexual misconduct.

The Agency maintains a "ZERO Tolerance" policy of sexual abuse/assault for all employees and termination is presumed where there are material findings that staff have violated this policy. The agency Code of Conduct also requires disciplinary action up to and including termination for violations. Interviews with Bureau Commander and Professional Standards Investigators indicated that any staff member suspected of compromise is immediately placed on administrative leave status until further notice and pending the outcome of the investigation.

Additionally, any employee *having knowledge* of acts of sexual misconduct between a LCSD employee and an inmate and fails to report to the appropriate authorities, is in violation of this same policy and may also be guilty of a crime. It is a violation of LCSD policy to willfully submit inaccurate or untruthful information concerning misconduct. All terminations for violations are reported to the State Law Enforcement Division for investigation, unless the act was clearly not criminal.

LCDC is well prepared to notify the certifying body to revoke certification and credentialing for violation of the oath of public trust. In accordance with SC Code of Laws 38-016, a law enforcement officer shall have his/her law enforcement certification withdrawn by the South Carolina Criminal Justice Academy for evidence satisfactory to the South Carolina Criminal Justice Academy that the officer has engaged in

misconduct.

During this reporting period, there was one (1) Detention Officer whose employment with LCDC was terminated for inappropriate actions taken with an inmate. However, these actions did not rise to the level of criminal prosecution. This investigative file was reviewed by the Auditor.

In this case, LCDC issued a PCS form (Permanent Change in Status) to the South Carolina Criminal Justice Academy, which issues and holds a Detention Officer's Class II certification and this form indicated termination involving misconduct as defined in S.C. Regulation 37-025. No staff members from LCDC resigned prior to termination for any violation.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- LCDC Policy Employee Code of Conduct
- Investigative file review with PCS form attached
- PREA Incident Folder Checklist (modified 2/4/2020)
- Interviews with investigative staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

**Standard 115.77: Corrective action for contractors and volunteers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.77 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

**115.77 (b)**

- 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  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

The Agency maintains 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. Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment which mandates immediate reporting to relevant law enforcement agency(s) and prohibition from contact with inmates.

Interviews with the PREA Coordinator indicated that any contractor or volunteer suspected of compromise is immediately removed from service to the facility until further notice and pending the outcome of the investigation. If the allegations are substantiated, this information is relayed to the contract agency or parent organization and the case may referred for prosecution. During this reporting period, no contract employee or volunteer was reported to have acted in violation of this policy

Interviews with the PREA Coordinator indicate that the practice of the LCDC conforms to this standard. LCDC is well prepared to notify the certifying body to revoke certification and credentialing for violation of the oath of public trust.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- PREA Incident Folder Checklist (modified 2/4/2020)
- Interviews with investigative staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

**Standard 115.78: Disciplinary sanctions for inmates**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.78 (a)**

- 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  No

**115.78 (b)**

- 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  No

### 115.78 (c)

- 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  No

### 115.78 (d)

- 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  No

### 115.78 (e)

- 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  No

### 115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.78 (g)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Auditor reviewed Policy 302.1 Inmate Discipline which defines the actions to be taken against an inmate following an administrative finding that the inmate engaged in sexual abuse against another inmate or following a criminal finding of guilt for such sexual abuse. Inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in sexual abuse of any kind. Inmates are subject to discipline based on the level of violation. Penalties may include placement in restricted housing, loss of some or all privileges, and prosecution.

If the inmate has a mental health history, mental health staff will be involved in the discussion about penalty. The Disciplinary Hearing Committee will consider whether an inmate's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction should be imposed. The Committee may consider as a condition of the inmate's sanction, to require him/her to participate in therapy, counseling or other interventions designed to correct underlying reasons or motivations for the abuse, if such programs or interventions are available at the facility. Additionally, this policy adequately addresses subsections (d) through (g) of Section § 115.78.

Per the medical staff at this facility, participation in this type of counseling is not made a condition of access to programming or other benefits. According to the records reviewed, there were zero occurrences of inmates being disciplined for sexual contact with staff during this audit period.

The LCDC reports that in this reporting period, there have been zero administrative findings of inmate-on-inmate sexual abuse at the facility; additionally, the LCDC reports there have been zero criminal findings of guilt for inmate-on-inmate sexual abuse in the reporting period. Because there have been no incidents where inmates were disciplined for PREA-related conduct, the Auditor could not interview anyone and no documentation exists to review.

The Agency was encouraged to continue to dissuade and prohibit non-assaultive sexual behaviors.

According to the records reviewed, there were zero occurrences of inmates being disciplined for sexual contact with staff during this audit period. There were disciplinary reports issued for inmates involved in sexual activity with other inmates during this audit period.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- LCDC Policy 302.1 Inmate Discipline (p. 144)
- Interviews with staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.81 (a)

- 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  No  NA

### 115.81 (b)

- 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  No  NA

### 115.81 (c)

- 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?  Yes  No

### 115.81 (d)

- 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  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:

Health care and mental health services are provided by Wellpath. The level of care received by inmates at the LCDC are commensurate with the level of care received in the community, and in some ways, may even exceed routine health care access in the community. Inmates receive 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.

The 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.

Policy 404.6 Sexual Assault/Sexual Harassment states “*Post-Admission Screening Tools: Consistent with PREA Standards 115.41(a) - (i), the Lexington County Detention Center will assess all inmates during intake and upon their transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Intake screening will take place within 72 hours of an inmate’s admission to the facility. An objective screening tool is developed by detention center personnel and approved by the Bureau Commander/designee and used for this purpose.*”

Agency policy requires the 14-day follow-up meeting with medical or mental health practitioner if sexual victimization or sexual perpetration is disclosed during screening at intake. Agency policies and practice ensure confidentiality of information received. Informed consent disclosures are provided by on-site medical contract personnel consistent with standards. Interviews with medical staff confirmed this practice.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- LCDC Policy 400.1(B) Intake Screening/Risk of Victimization (pp. 173-176)
- Interviews with Intake screening and medical staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

**Standard 115.82: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.82 (a)**

- 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  No

**115.82 (b)**

- 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  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

**115.82 (c)**

- 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  No

## 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:

Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment which defines the responsibility of the detention center to seek evaluation and treatment, including follow up services, treatment plans, and referrals for continued care following their release from the detention center or transfer to or placement in other facilities.

All victims are transported to Lexington Medical Center. Forensic medical exams are conducted by a qualified SAFE or SANE through the [Regional Forensic Nurse Examiner Program](#) . The assigned sexual assault investigator ensures victims receive rape crisis intervention services and advocacy from Sexual Trauma Services of the Midlands. No inmates are charged for any sexual assault medical treatment required.

On-site health care and mental health services are provided by Wellpath. The contracted health provider confirmed the availability of emergency contraception, std prophylaxis, and unimpeded access to pregnancy related services and elective procedures, if needed.

Agency policy requires that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The LCDC reports no inmate victims of sexual abuse in the reporting period, thus there were no medical records for the Auditor to review for inmate victims.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Inmate Handbook
- Interviews with medical staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.83 (a)

- 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  No

### 115.83 (b)

- 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  No

### 115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

### 115.83 (e)

- 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.)  Yes  No  NA

### 115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

### 115.83 (g)

- 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  No

### 115.83 (h)

- 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.)  
 Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

On-site health care and mental health services are provided by Wellpath.

The LCDC had no reports of sexual abuse that required medical attention during this reporting period; thus, the Auditor was not able to interview any inmate victims or review any corresponding documentation of practice. Agency policy requires that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. All victims are transported via EMS to Lexington Medical Center where medical exams are conducted by a qualified SAFE or SANE. The assigned sexual assault investigator ensures victims receive rape crisis intervention services and access to advocates from the Sexual Trauma Services of the Midlands and/or Victim Advocates of the Lexington County Sheriff's Office.

Inmate victims of sexual abuse are offered tests for sexually transmitted infections (STI) as medically necessary and STI prophylaxis is offered to victims. No inmates are charged for any sexual assault medical treatment required. Follow-up treatment for an inmate victim is coordinated by the contracted medical and mental health provider, based on individualized needs, who follows the inmate's progress and would continue to ensure the inmate gets the services (both medical and mental health as appropriate) they need and monitors their progress until they are released from custody.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

### **Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Inmate Handbook
- Interview with Director of Nursing
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.86 (a)

- 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  No

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### 115.86 (d)

- 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  No
- 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  No
- 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  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- 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  No

#### 115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment which defines the requirement of establishing a Sexual Abuse Incident Review Team to review all substantiated and unsubstantiated allegations of sexual abuse or harassment.

Consistent with the requirements contained in PREA Standards 115.86(a) - (e), the Bureau Commander has ensured that a *Sexual Abuse Incident Review Team* has been established to review all substantiated and unsubstantiated allegations of sexual abuse or harassment. Allegations deemed unfounded upon investigation are not required to be reviewed by the SART. The SART is required to review incidents within 30 days of the conclusion of the investigation and prepare a report of its findings and any recommendations for improvement for submission to the Bureau Commander and the PREA Coordinator.

The Sexual Abuse Incident Review Team is comprised of the PREA Coordinator, Command Staff, Classification, Medical and Mental Health, with input from shift supervisors and investigators.

At a minimum, the *Review Team* is responsible for:

- 1). Considering whether the allegation or investigation indicates a need to change policies and practices to better prevent, detect, or respond to sexual abuse;
- 2). Consider whether the incident or allegation was motivated by race; ethnicity; gender identity, lesbian, gay, bisexual, or intersex identification status or perceived status; gang affiliation; or by other factors or group dynamics at the facility;
- 3). Examine the area of the facility where the incident allegedly occurred to determine if any physical barriers existed which may have enabled the abuse;
- 4). Assess the adequacy of staffing levels the that areas during different shifts;
- 5). Assess whether monitoring technology is deployed or augmented to supplement supervision by staff.

The Bureau Commander and the PREA Coordinator agree to implement the recommendations of the Review Team, to the extent possible. If the Bureau Commander and/or the PREA Coordinator are unable to implement the recommendations of the SART, they will document the reasons for not doing so. All documentation is maintained by the PREA Coordinator for record keeping and reporting purposes. (Documentation may include requests for funding made for new equipment, staff or renovations that were disapproved by funding authorities, or other requests for outside assistance that were denied.)

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- PREA Incident Folder Checklist (modified 2/4/2020)
- Interviews with medical staff
- Interview with Lt. Jeremy Vetter, PREA Coordinator

**Standard 115.87: Data collection**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.87 (a)**

- 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  No

**115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually?  Yes  No

**115.87 (c)**

- 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  No

**115.87 (d)**

- 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  No

**115.87 (e)**

- 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.)  Yes  No  NA

**115.87 (f)**

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment which states: "The PREA Coordinator is responsible: collect, maintain and report statistics and information related to PREA incidents programs, and activities, to include documentation and data related to corrective action plans as required under the PREA Standards 115.87(a) - (f) and 115.88(a) - (d) and 115.89(a) -(d); collect and maintain uniform data for every allegation of sexual abuse at the Lexington County Detention Center. At a minimum, the data collected is sufficient to address all the questions presented in the *Survey of Sexual Violence* conducted by the Department of Justice and sent to facilities on a recurring basis. Data is collected, reviewed and maintained from all available reports, investigations, and sexual abuse incident reviews, as applicable, review data collected in order to assess and improve the effectiveness of the detention center's sexual abuse prevention, detection, and response plans, policies, and training and prepare annual reports of all recommendations and corrective action plans for presentation to the Sheriff and other identified stakeholders. In addition, upon approval of the report by the Sheriff and/or Bureau Commander, publish a copy of this report on the Lexington County Detention Center's website for review by the public; maintain all collected data related to sexual abuse incidents, recommendations and corrective action plans for at least ten (10) years.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

### Policy, Materials, Interviews and Other Evidence Reviewed:

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## Standard 115.88: Data review for corrective action

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.88 (a)

- 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  No
- 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  No

- 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: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- 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  No

#### 115.88 (c)

- 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  No

#### 115.88 (d)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment which dictates preparation of an annual report of all recommendations and corrective action plans for presentation to the Sheriff, and to be posted on the Lexington County Detention Center's website for public review.

The PREA Coordinator indicates the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection, and response policies, practices, and training and the only information redacted from the agency report is personal identifying information. All other information is included in the annual report

While 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 has not published any of its data to the Agency's website for public review as required by the standards.

The Auditor verified that the PREA Annual Report(s) for this audit cycle (2017-2019) was published to the Lexington County's Sheriff's website as of the date of the on-site visit.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Review of Lexington County Sheriff's Office website <https://www.lexingtonscsheriff.com/prea-prison-rape-elimination-act/>
- Interview with Lt. Jeremy Vetter, PREA Coordinator

**Standard 115.89: Data storage, publication, and destruction**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.89 (a)**

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

**115.89 (b)**

- 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  No

**115.89 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

**115.89 (d)**

- 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  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:**

Auditor reviewed Policy 404.6 Sexual Assault/Sexual Harassment which dictates preparation of an annual report of all recommendations and corrective action plans for presentation to the Sheriff, and to

be posted on the Lexington County Detention Center's website for public review.

While 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 has not published any of its data to the Agency's website for public review as required by the standards.

The Auditor verified that the PREA Annual Report(s) for this audit cycle (2017-2019) was published to the Lexington County's Sheriff's website as of the date of the on-site visit and in compliance with this standard and as required by §115.89.

LCDC follows a retention schedule as outlined by PREA standards and in accordance with South Carolina policies, where State law addresses required records retention periods.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Review of Lexington County Sheriff's Office website <https://www.lexingtonscsheriff.com/prea-prison-rape-elimination-act/>
- Interview with Lt. Jeremy Vetter, PREA Coordinator

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.401 (a)**

- 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  No

**115.401 (b)**

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*)  Yes  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.)  Yes  No  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  No  NA

#### 115.401 (h)

- Did the Auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

#### 115.401 (i)

- Was the Auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the Auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

#### 115.401 (n)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### No corrective action was required for this standard. Full compliance with the standard was determined through analysis/reasoning:

Prior to the physical plant inspection in February, Lt. Jeremy Vetter, the PREA Coordinator, provided the Auditor with policies, procedures, and all facility documentation related to each standard for review. There was continuous communication with the PREA Coordinator during this review period in preparation for the on-site visit. The Pre-Audit Questionnaire (PAQ) was initiated by the facility PREA Coordinator on November 13, 2019 and was received by the Auditor on January 22, 2020.

The posting of the DOJ Auditor's contact information was distributed and posted on November 12, 2019 at various locations visible to inmates, visitors, staff, contractors and volunteers at LCDC. The PREA Coordinator confirmed the posting at LCDC. The Auditor observed all required posting in the housing units and staff areas. The posting and handouts were in English and Spanish. This posting was verified as sufficiently accessible to all required individuals during the Auditor's on-site visit. As of the date of this report, the Auditor has not received any correspondence or mail at the Auditor's Post Office Box from the public, inmates or staff.

The Auditor was permitted to move freely about the facility, housing units, kitchen, laundry, medical clinic, etc. and also entered the unoccupied shower/toileting area for observation purposes.

The Auditor did not experience any negative response or delayed access concerns. The Auditor was provided private interview accommodations for all types of interviews. The environment allowed for a free discussion with inmates, staff, contractors, and volunteers.

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

**Policy, Materials, Interviews and Other Evidence Reviewed:**

- Completed Pre-Audit Questionnaire submitted by LCDC
- Policy 404.6 Sexual Assault/Sexual Harassment
- Notice of Upcoming Audit information displayed November 12, 2019 in English and Spanish
- Inmate interviews
- Auditor observations
- Interview with Lt. Jeremy Vetter, PREA Coordinator

**Standard 115.403: Audit contents and findings**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.403 (f)**

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by Auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the Auditor shall ensure that the facility’s last audit report was published. 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 that there has never been a Final Audit Report issued.)  Yes  No  NA

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

The previously completed LCDC PREA Audit reports are located and available to be reviewed at <https://www.lexingtonscsheriff.com/wp-content/uploads/2017/03/LCDC-Final-PREA-Report-03172017.pdf>

Based on the information discovered in the agency policy, observations, and information obtained through staff interviews, the Auditor has determined the facility meets the requirements of the standard.

## 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.

Joli Rish Shumpert, CJM, CCM, CBHC-CO  
**Auditor Signature**

March 5, 2020  
**Date**