

**PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS**

Date of report: 03/10/2017

Auditor Information			
Auditor name: E. Richard Bazzle			
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Telephone number: 864-941-0383			
Date of facility visit: January 24-25, 2017			
Facility Information			
Facility name: Saluda County Detention Center			
Facility physical address: 250 East Church Street, Saluda, SC 29138			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 864-445-0286			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Janice Ergle			
Number of staff assigned to the facility in the last 12 months: 26			
Designed facility capacity: 45			
Current population of facility: 50			
Facility security levels/inmate custody levels: Minimum, Medium, and Maximum			
Age range of the population: 17-80			
Name of PREA Compliance Manager: April Berry		Title: PREA Coordinator	
Email address: A.Berry@saludacounty.sc.gov		Telephone number: 864-445-0286	
Agency Information			
Name of agency: Saluda County Detention Center			
Governing authority or parent agency: <i>(if applicable)</i> Saluda County Sheriff's Office			
Physical address: 100 Law Enforcement Drive, Saluda, SC 29138			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 864-445-0286			
Agency Chief Executive Officer			
Name: John Perry		Title: Sheriff	
Email address: j.perry@saludacounty.sc.gov		Telephone number: 864-445-2112	
Agency-Wide PREA Coordinator			
Name: April Berry		Title: PREA Coordinator	
Email address: A.Berry@saludacounty.sc.gov		Telephone number: 864-445-0286	

AUDIT FINDINGS

NARRATIVE

The on-site PREA audit of Saluda County Detention Center (SCDC) was conducted on January 24-25, 2017 by the McB Consultant Services, LLC. The audit began with an in-briefing with the Director and executive staff where the audit schedule was reviewed. Prior to the audit, the auditor received electronic files via thumb drive six weeks prior to date of the audit and containing photos of the audit notification postings located throughout the facility. The thumb drive also contained documentation for each standard, including both policy and secondary documentation. All files were reviewed prior to the audit team arriving at the facility. No correspondence was received regarding the audit.

Following the in-briefing, the audit team was given a comprehensive and complete tour of the facility which included all inmate housing areas, food service area, and administrative areas. During the tour, observations were made of security features of the facility (including video camera monitoring equipment, security mirror placement, and evidence of any blind spots), staffing, and interactions between staff and inmates. Informal interviews were conducted during the tour with both staff and inmates. It was noted that all staff observed proper protocol when entering inmate areas and in speaking to inmates.

During the two-day audit process, discussions and formal interviews were held with the facility director, executive staff, department heads, specialty staff, and random security personnel from all shifts. Specialty staff included medical personnel, first responders, intake and screening personnel, and PREA Compliance Manager. Staff interviews were conducted following Department of Justice (DOJ) protocols to confirm PREA training and overall knowledge of the institution's zero tolerance policy, available reporting mechanisms available for inmates and staff, response protocols when alleged abuse occurs, first responder duties, data collection processes, and other pertinent PREA requirements. All staff interviewed was extremely knowledgeable of their responsibility relating to PREA. A total of seven staff members were formally interviewed during the audit process.

A total of five inmates of various ages and ethnic backgrounds were formally interviewed during the audit process. The inmates interviewed were selected from each of the general housing units of the facility and were randomly selected from a roster of the inmate population provided by the facility Director. Those interviewed included both male and female inmates. Inmates were interviewed using the recommended DOJ protocols. All inmates were informed and knowledgeable concerning PREA, their right not to be sexually abused or sexually harassed, how to report it if they were, and their right not to be punished if they did so. During this reporting period, there were no alleged incidents of sexual misconduct reported.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Saluda County Detention Center (SCDC), located in the county seat of Saluda, South Carolina, operates as a function of the Saluda County Sheriff's Department and houses male and female adult and juvenile inmates, ranging in custody levels from minimum to maximum. Juvenile inmates are housed in separate housing areas from adult inmates.

The facility was originally constructed in 1970 and underwent a major renovation in 1999 to enlarge and modernize the cell block area. The facility design capacity is currently rated at 45. The total number of inmates on the first day of the audit was 50. There are currently five inmate living units consisting of both single, double, and triple cells. The facility has upgraded security with the installation of 34 surveillance cameras to compliment the 26 assigned security officers. These cameras, with zoom capability, provide control room officers clear, sharp images of activities throughout the facility. Images captured by the cameras are recorded and archived for a period of 30 days. Also, camera images can be accessed by facility management in real time via computers and I-phones.

The facility is required by state statute to be inspected annually by the South Carolina Department of Corrections. The last inspection, according to staff, was in January 2017. At the time of the audit, the report had not been received by the facility.

Medical services for the facility are contracted through Southern Health Partners. Nursing services are provided three days a week. The facility utilizes the services of Aiken County Hospital for inmates requiring PREA related hospital services. Mental health services are provided through the Cumbee Rape Crisis Center.

SUMMARY OF AUDIT FINDINGS

Following the on-site portion of the audit, a meeting was held to discuss the overall audit process with the Director and management staff of Saluda County Detention Center.

After reviewing the documentation provided prior to the audit in the Pre-Audit Questionnaire, touring and inspecting the facility as it relates to PREA, and interviewing staff and inmates, the conclusion indicates compliance with all Prison Rape Elimination Act standards that are applicable to the facility.

Throughout the review process, it was evident that the leadership and staff of the Saluda County Detention Center are committed to a zero-tolerance policy for all forms of sexual abuse and sexual harassment. The facility staff was well informed as to their duties and responsibility as it relates to PREA.

Number of standards exceeded: [Click here to enter text.](#)

Number of standards met: 41

Number of standards not met: [Click here to enter text.](#)

Number of standards not applicable: 2

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7, review of agency organizational chart, and interview with facility Director, PREA manager, and random staff address this standard. The Saluda County Detention Center has implemented a zero-tolerance policy which comprehensively addresses the facility’s approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy contains necessary definitions, sanctions, and descriptions of the facility’s strategies and responses to sexual abuse and sexual harassment. This policy forms the foundation for the program’s training efforts with inmates, staff, volunteers, contractors, and others.

The facility has designated a detention officer as PREA manager who reports directly to the Director. She indicated that she had sufficient time and authority to develop, implement, and oversee the facility efforts toward PREA compliance

Standard 115.12 Contracting with other entities for the confinement of inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not applicable. The Saluda County Detention Center does not contract with other entities for the confinement of inmates.

Standard 115.13 Supervision and monitoring

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

standard. The Saluda County Detention Center has developed, implemented, and documented a staffing plan, and where applicable, video monitoring, to protect inmates against sexual abuse and sexual harassment. The facility takes into consideration the factors listed in the standard to determine adequate staffing needs. There have been no deviations from the staffing plan during this audit period. A formal review of the staffing plan is conducted annually to determine compliance with the standard.

The shift supervisor conducts unannounced rounds daily and documents these, as verified by policy, interviews, and reviews of documentation of specific rounds. Policy prohibits staff from alerting others that these rounds are occurring.

Standard 115.14 Youthful inmates

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

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Policy 3.0, interviews with PREA Compliance Manager, and on-site observation address this standard. Policy states that the facility will make best efforts to separate youthful offenders from adult inmates by sight and sound. This includes not placing the youthful offender in a housing unit in which youth have sight, sound, or physical contact with adult inmates through use of shared dayroom or other common space. In areas outside of housing units, this separation will also be observed, or direct staff supervision will be provided. Confinement of a youthful offender in the facility is of a short duration. Otherwise the youthful offender is transferred to a more suitable facility.

Standard 115.15 Limits to cross-gender viewing and searches

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies 2.3, 2.4, and 7.7, interviews with PREA Compliance Manager and random staff, and training documentation address this standard. Facility policy prohibits cross-gender strip searches completely. Policy prohibits staff from performing intrusive or invasive body cavity searches under all circumstances. Cross-gender pat searches are authorized only in exigent circumstances, with supervisor approval. Staff is prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

Policy and practice ensures that inmates are able to shower, perform bodily functions, and change clothing privacy. Policy and practice require announcement when staff of the opposite gender enter the housing unit and the shower/toilet area. Interviews of inmates and staff confirm that this requirement is followed.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies 1.7 and 2.11, interviews with facility Director and PREA Compliance Manager, review of interpreter services, observation of brochures and posters translated into Spanish, and PREA training materials for inmate education address this standard. Facility policy requires a program to ensure inmates with special needs have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy further prohibits the use of inmates as interpreters when dealing with first responder situations or any allegation/investigation of sexual abuse or sexual harassment. PREA posters and brochures in English and Spanish are located throughout the facility.

This standard was initially found not to meet standard due to the facility having no formal documentation for translation services; however, since the issuance of an interim report, the facility has formally contracted for translation services with a private contractor. Additionally, telephone numbers are available to staff for U.S. Consular offices to provide translation services, if needed. This standard is now rated as meets standard.

Standard 115.17 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 and interview Human Resource staff and PREA Compliance Manager address this standard. Facility policy prohibits the hiring, promotion, or retention of any employee that has engaged in sexual abuse in a prison, jail, community confinement facility, or juvenile facility. Saluda County Detention Center does not hire or promote an individual that has been convicted of engaging or attempting to engage in sexual activity that was facilitated by force, coercion, or if the victim did not or could not consent. Policy requires background checks be completed upon hire, and every three years thereafter, on all employees and contractors.

Policy and practice requires, upon request from an institutional employer, the facility to provide information on substantiated allegations of a sexual abuse or sexual harassment involving a former employee that has applied for employment.

Standard 115.18 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7, interview with facility Director, and facility map showing video camera locations address this standard. The facility underwent a major renovation in 1999 to enlarge and modernize the cell block area. To further enhance security, 45 surveillance cameras were installed to compliment the 26 assigned security officers. These cameras, with zoom capability, provide control room officers clear, sharp images of activities throughout the facility. Images captured by the cameras are recorded and archived for a period of 30 days. Also, camera images can be accessed by facility management in real time via computers and I-phones. Also, a number of security mirrors were added to enhance officer’s surveillance capability.

The facility Director indicated that placement of cameras and mirrors are assessed frequently to continue to enhance safety for all inmates. Consideration of placement of cameras and mirrors is predicated on improving sightlines and blind spots.

Standard 115.21 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7, review of Memorandums of Understanding (MOUs) with local hospital and crisis center, and interview with PREA Compliance Manager address this standard. The facility is responsible for investigating allegations of sexual abuse and follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative and criminal prosecutions.

Inmates who experience sexual abuse have access to forensic medical examinations, without financial cost, if evidence indicates it is appropriate. Sexual Abuse Nurse Examiners (SANEs) are available at the Aiken County Hospital, and the Cumbee Center provides rape crisis services to victims of sexual assault.

The facility conducts internal investigations of employee misconduct. The facility Director has assigned individuals who have received special internal investigations training to conduct investigations into employee misconduct.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7, review of facility website containing PREA policy, and interview with facility Director address this standard. Policy requires all allegations of sexual abuse and sexual harassment must be referred for investigation to the appropriate law enforcement authorities. The Saluda County Sheriff’s Department is the law enforcement agency that conducts all criminal investigations at the Saluda County Detention Center. The facility reports no allegations of sexual abuse or sexual harassment have been received in the past twelve months.

Standard 115.31 Employee training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7, PREA training curriculum, review of random staff personnel files and training records, and interviews with random staff regarding PREA training and knowledge address this standard. Facility policy requires all new employees to have in-depth training on PREA and Sexual Harassment in the Workplace. Refresher training is required for all employees every two years. A review of PREA training materials indicated training on the ten specific topics required by the standard were received by employees. Training was tailored to the attributes and gender of the inmates housed at the facility. All staff have been trained on PREA.

Standard 115.32 Volunteer and contractor training

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7, PREA training curriculum and materials for volunteers, PREA Acknowledgement Form for Volunteers and Contractors, and interview with PREA Compliance Manager address this standard. Facility PREA policy requires all volunteers and contractors who may have contact with inmates to be trained on PREA requirements. The training materials reviewed covered all topics required by the standard.

Volunteers receive orientation training which 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 and understand their obligation therein.

Standard 115.33 Inmate education

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7, facility inmate handbook and inmate acknowledgement forms, PREA posters and brochures posted and displayed in facility, and random interviews with inmates address this standard. The facility reports that 852 inmates have been admitted during this reporting period. All inmates were provided with PREA orientation materials at intake that included the facility's zero tolerance policy, key definitions of certain conduct, how an inmate can protect him/herself, and how to report sexual abuse or sexual harassment. Within ten days of intake, all inmates were provided comprehensive age-appropriate PREA information.

Inmates sign PREA form acknowledging they have received PREA training, and they understand their rights under PREA and specifically understand the ways they can report sexual abuse or sexual harassment. Information about PREA is continuously and readily available and visible, in English and Spanish, through posters with the abuse hotline number. The facility provides translation services for all PREA educational materials for inmates with special needs.

Standard 115.34 Specialized training: Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 and training documentation for staff completing the specialized training address this standard. In addition to the general training provided to all employees, the investigators assigned to the facility receive training in conducting investigations in the confinement setting. This specialized training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Standard 115.35 Specialized training: Medical and mental health care

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

- Does Not Meet Standard (requires corrective action)

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Policy 1.7, interview with medical staff, and PREA acknowledgement form for medical and mental health staff address this standard. The agency ensures that all full-time and part-time medical and mental healthcare practitioners who work regularly in the facility have been trained in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse or sexual harassment. Training for medical and mental health staff was provided by Southern Health Partners and the Cumbee Rape Crisis Center. Facility healthcare practitioners utilize the services of Aiken County Hospital to provide forensic sexual abuse examinations.

Standard 115.41 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies 1.7 and 2.6, review of risk assessment instrument, interviews of random inmates, interview with intake screening officers, and interview with PREA Compliance Manager address this standard. The facility policy requires that all inmates have an initial needs assessment performed within 72 hours of entering the facility. This intake process utilizes a variety of assessment processes to gather information about the inmate, including the PREA Intake Screening Assessment Form. The screening instrument, covering fifteen topical areas of information, as well as other information received in the intake assessment, adds key information that is used to house inmates appropriately and to determine the inmates’ needs. Two hundred ninety-three inmates have entered the facility within the past twelve months and were screened as required by this standard. The facility has implemented appropriate controls on the security and dissemination of this information

Standard 115.42 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies 1.7 and 3.0, review of risk assessment instrument, interviews with intake screening officers, and interview of PREA Compliance Manager address this standard. Facility policy requires that staff utilize information gathered through the intake and assessment process to make a determination of how to ensure the appropriate classification and placement of an inmate, as well as any necessary security or protective precautions required, to ensure an inmate's sexual safety. The PREA Compliance Manager is notified of any inmate who is at risk of victimization or risk of predatory behavior and ensures that appropriate precautions are taken.

The facility has not reported any LGBTI inmates during this reporting period. Facility procedures indicated that if an individual is received that is transgender or intersex, an independent determination based on the offender's risks/needs would be made at intake, or before, regarding whether the facility could provide an appropriate and safe housing setting for the inmate and therefore except the inmate. If it was determined that the inmate's needs could not be safely met at the facility, the PREA Compliance Manager would seek alternate placement.

Standard 115.43 Protective custody

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 and interview of PREA Compliance Manager address this standard. Facility policy states that inmates at high risk for sexual victimization shall not be placed in involuntary segregation 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 abusers. If such an assessment cannot be made immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. Such inmates have access to programs, privileges, education, and work opportunities to the extent possible.

If involuntary segregated housing assignment is made, the facility shall document the bases for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. The facility reported no involuntary segregated housing assignments for this purpose during this reporting period.

Standard 115.51 Inmate reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7, interviews with random staff and inmates, review of grievance compliant form, review of inmate educational materials, and interview with PREA Compliance Manger address this standard. Inmates receive information concerning reporting of sexual abuse and sexual harassment during the intake process. Within ten days of admission, inmates receive comprehensive PREA education, including various reporting methods, such as reporting in writing or verbally to staff; calling the abuse hotline; submitting a written grievance; or having a third party submit an oral or written complaint on the inmate's behalf. Staff is trained to immediately report and document any

allegation of sexual misconduct submitted by an inmate, or information received through a third party.

This standard was initially found not to meet standard due to facility policy not including mandatory reporting requirements for juvenile sexual abuse and whether or not a seventeen-year-old was included in that category. Since the issuance of an interim report, facility policy and practice has been implemented that requires, consistent with state statute, investigators to notify appropriate state agencies of the incident. This standard is now rated as meets standard.

Standard 115.52 Exhaustion of administrative remedies

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

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Policy 5.4, 1.7, and supplemental documentation address this standard. Policy allows inmates to file a grievance concerning sexual misconduct without time limit constraints. An inmate grievance regarding sexual abuse will be forwarded directly to the PREA Coordinator. The policy prohibits the grievance from having to be submitted to, or for the grievance being referred to, a staff member who may be the subject of the complaint. Additionally, the grievance may not be investigated by staff under the supervision of the person who may be the subject of the complaint. The policy contains time limits and procedures for responding to and processing a grievance alleging sexual abuse, as well as documenting third party filings, as required by the PREA standard. No grievances were filed alleging sexual abuse during this reporting period. No emergency grievances were filed during this reporting period alleging sexual abuse at the Saluda County Detention Center.

Standard 115.53 Inmate access to outside confidential support services

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

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Policy 1.7, review of Memorandums of Understanding (MOU) with crisis center, random inmate interviews, and interview with PREA Compliance Manager address this standard. The facility has a MOU with the Cumbee Center To Assist Abused Person to provide confidential support services to inmates of the Saluda County Detention Center. Information is provided to inmates on how to place a confidential call to this advocacy organization, as well as the local 911 emergency hotline. Inmates interviewed were knowledgeable of how to contact these organizations.

Standard 115.54 Third-party reporting

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

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The Saluda County, SC website, Saluda County Detention Center Inmate Handbook and Public Postings address this standard. Information regarding third party reporting of sexual abuse or sexual harassment on behalf of inmates is posted on the Saluda County website at www.saludacounty.gov. Additionally, information regarding third party reporting is publicly posted in the facility's main entrance.

Standard 115.61 Staff and agency reporting duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 addresses this standard. Interviews with staff at all levels confirmed that they were acutely aware of facility policy and their responsibility to immediately report to their supervisor and document any allegation of sexual abuse, harassment, retaliation against individuals who report such incidents or any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. This includes reports received from third party sources. Information relating to a report of sexual abuse is limited to those with a need to know. The institutional PREA compliance manager refers incidents for investigation to the appropriate office.

Standard 115.62 Agency protection duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 addresses this standard. All staff interviewed was knowledgeable of facility policy and required duty and responsibility to protect an inmate if they became aware he/she was at substantial risk of imminent sexual abuse. During interviews, staff described steps to be taken to protect inmate and reporting duties.

Standard 115.63 Reporting to other confinement facilities

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 and supporting documentation address this standard. Facility policy requires the jail administrator to report any PREA related allegation by an inmate that occurred at another facility to the warden of the facility where the alleged incident occurred as soon as possible, but at least 72 hours of receiving the allegation. Such notifications are documented. In notification received from another facility alleging sexual abuse by an inmate from Saluda County, the jail administrator will immediately initiate an investigation into the allegation. Policy also requires the facility receiving the information to investigate the allegation. The Saluda County Detention Center has provided no written notification to another confinement facility during this reporting period and received no reports alleging sexual abuse from another facility.

Standard 115.64 Staff first responder duties

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 addresses this standard. All staff is trained in duties of first responders. Staff interviewed was very knowledgeable of their responsibilities as first responders. Agency policy includes all elements required by the PREA standard. After separating the alleged victim and abuser, policy requires the first responder to preserve the crime scene. The trained sheriff's department investigative staff is responsible for collecting information/evidence. The investigation must follow the guidance given in facility policies and practices concerning evidence gathering and processing procedures. During this reporting period, the Saluda County Detention Center had no allegations that an inmate had been sexually abused.

Standard 115.65 Coordinated response

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 addresses this standard. Policy describes in detail the actions to be taken by staff in the event any PREA related event occurs. Annual training is required of all personnel to ensure each is familiar with their duties and responsibilities. Interviews with staff, formally and informally, indicated a clear understanding of their responsibilities relating to PREA.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not applicable. The Saluda County Detention Center does not have a collective bargaining agreement.

Standard 115.67 Agency protection against retaliation

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 address this standard. Facility policy forbids any type of retaliation to any staff member or inmate who has reported an incident of sexual abuse or sexual harassment or who has cooperated with an investigation into such matters. The Saluda County Detention Center may use multiple protection measures to ensure the safety and well-being of both an inmate or staff member involved in a PREA related incident. The facility PREA Coordinator monitors staff and inmates who have reported sexual abuse allegations to protect them from retaliation for 90 days. In the case of inmates, periodic status checks occur. Depending on circumstances, these checks may occur more frequently or be extended beyond 90 days. The facility reported no incidents of retaliation reported during this reporting period.

Standard 115.68 Post-allegation protective custody

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 addresses this standard. Facility policy states inmates at high risk of sexual victimization or alleged sexual abuse shall not be placed in administrative detention unless an assessment of all available alternatives has been made, and a determination has been made that there is no available means of separation from likely abusers. The basis for this concern and reasons why no alternative means of separation is available is documented. If an inmate is placed in administrative detention, a status review shall be held every 30 days. During this reporting period, the Saluda County Detention Center confined no inmates in administrative detention due to allegations or concerns of sexual assault.

Standard 115.71 Criminal and administrative agency investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 and training documentation address this standard. Facility policy is comprehensive and requires that an investigation into an allegation of sexual abuse and sexual harassment be conducted promptly, thoroughly, and objectively, including reports received from third parties and anonymously. Submitted documentation indicated that investigative staff has received specialized training in sexual abuse investigations. Training included gathering and preserving evidence from a crime scene, interviewing alleged victims, alleged perpetrators and witnesses, as well as reviewing complaints and reports of sexual abuse involving the suspected perpetrator, if previous complaints and reports were substantiated. The credibility of anyone involved is assessed on an individual basis and not determined by the person's status as staff or inmate. No inmate is required to submit to a polygraph as a condition of proceeding with the investigation. Administrative investigations are required to determine if staff actions or failures to act, physical layout of facility, staffing patterns or institutional operations, etc. contributed to the abuse. If the allegation appears to be criminal in nature, it will be referred to the solicitor for prosecution. The departure from the facility of the abuser or alleged victim does not provide a basis for terminating an investigation.

Standard 115.72 Evidentiary standard for administrative investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 addresses this standard. Policy establishes the evidence standard as a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73 Reporting to inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 addresses this standard. Facility policy requires that, following an investigation into an inmate's allegation that they have suffered sexual misconduct in the facility, the inmate is notified verbally or in writing by the PREA Coordinator as to whether the allegation was substantiated, unsubstantiated or unfounded. Documentation reviewed indicated that no allegations of sexual misconduct occurred during this reporting period.

Standard 115.76 Disciplinary sanctions for staff

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 addresses this standard. Policy states that staff is subject to administrative action, up to and including removal, for violation of the facility's zero-tolerance policy regarding sexual misconduct. During the reporting period, no staff member resigned in lieu of termination or terminated for violating agency sexual abuse or sexual harassment policy.

Standard 115.77 Corrective action for contractors and volunteers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 addresses this standard. Facility policy states that sexual relationship/contact by a contractor or volunteer is forbidden. Any allegation of sexual abuse is thoroughly investigated and, when appropriate, referred to authorities for prosecution. During the reporting period, there were no allegations of sexual misconduct with an inmate involving contractors or volunteers.

Standard 115.78 Disciplinary sanctions for inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policies 5.8 - Inmate Discipline and 1.7 - Prison Rape Elimination Act (PREA) address this standard. Facility policy states inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed. Any sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. All sexual contact between inmates is prohibited. If sexual contact occurs between an inmate and staff member, the inmate may only be disciplined upon a finding that the staff member did not consent to such contact. Inmates are not disciplined for allegations of sexual misconduct made in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegations. During this reporting period, there were no disciplinary sanctions against inmates issued as a result of sexual misconduct with other inmates or staff at Saluda County Detention Center.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7, interviews with intake staff and medical personnel, and submitted intake screening documentation address this standard. Screening of inmates for sexual abuse begins during the initial intake process at the Saluda County Detention Center. Both medical and mental health personnel take part in the intake process and utilize information from an in-depth screening instrument and interview with inmate to assess if the inmate has a history of sexual abuse. Any inmate with a history of sexual abuse will be scheduled for a follow-up review within 14 days with the health care provider. For any inmate whose results indicate they have previously perpetrated sexual abuse, the health care provider will offer the inmate the opportunity to meet with a mental health care practitioner. Treatment services are offered

at no financial cost to the inmate. Submitted documentation of intake screening instrument forms reviewed indicated compliance with this standard.

Standard 115.82 Access to emergency medical and mental health services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 addresses this standard. Facility policy requires inmates who have been victimized by sexual abuse while incarcerated at the Saluda County Detention Center to be offered medical and mental health services. Evaluation and treatment will include, as appropriate, follow-up services, treatment plans and, when necessary, referrals for continued care following their release from the detention center or transfer to or placement in other facilities.

Should an inmate be the victim of sexually abusive vaginal penetration while incarcerated, pregnancy testing will be offered by the health care provider. Should pregnancy result from victimization, the victimized inmate will receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.

Inmates requiring emergency medical treatment and crisis intervention receive services at no financial cost.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 addresses this standard. Facility policy states medical and mental health evaluation and, as appropriate, treatment is offered to all inmates who have been victimized by sexual abuse in the Saluda County Detention Center. Evaluation and treatment include follow-up services, treatment plan and, if necessary, referrals for continuing care following transfer or release. All care provided to inmates are consistent with the community level of care. If an inmate is sexually abused while incarcerated, he/she is offered test for sexually transmitted infections. If an inmate is a victim of sexually abusive vaginal penetration while at the facility, she shall be offered pregnancy tests. If pregnancy results from the aforementioned sexual abuse, the victim shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Treatment services shall be provided without financial cost.

Standard 115.86 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 addresses this standard. Facility policy requires a review team to meet at the conclusion of an investigation determining the sexual abuse allegation to be substantiated or unsubstantiated. The review team shall be made up of upper-management staff, with input from shift supervisors, investigators, and medical or mental health care professionals. All factors noted in the PREA standard are to be considered. All recommendations of the team will be implemented, if possible. If recommendation is not implemented, the jail administrator will document reasons for not doing so. There were no unsubstantiated or substantiated allegations during this reporting period.

Standard 115.87 Data collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 - Prison Rape Elimination Act (PREA) addresses this standard. Policy states that the Saluda County Detention Center will collect accurate, uniform data for every allegation of sexual misconduct using a standard instrument and set of definitions from the most recent version of the Summary of Sexual Violence (SSV) conducted by the Department of Justice. The facility will begin this data collection process beginning with calendar year 2017. The facility PREA Manager will aggregate and review data annually. When requested, the facility will provide all such data from the previous calendar year to the Department of Justice.

Standard 115.88 Data review for corrective action

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

Policy 1.7 - Prison Rape Elimination Act (PREA) addresses this standard. The facility PREA Coordinator will review data and issue a report to the Director on an annual basis. All data from the report will be reviewed to assess and improve the effectiveness of the facility's sexual abuse prevention, detection and response policies and to identify problem areas and take corrective action, if required. The Saluda County Detention Center complies with the Federal Privacy Act and Freedom of Information Act and all other applicable laws, rules and regulations. An annual report is prepared and published on the Saluda County website.

Standard 115.89 Data storage, publication, and destruction

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 1.7 - Prison Rape Elimination Act (PREA) addresses this standard. Facility policy requires that all data collected and aggregated pertaining to allegations of sexual abuse is reviewed and approved by the facility director. The Saluda County Detention Center complies with the Federal Privacy Act and Freedom of Information Act and all other applicable laws, rules and regulations. The data will be securely retained for a period of at least ten years and published on the Saluda County website.

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.

E. Richard Bazzle

09/30/2017

Auditor Signature

Date