

PREA Facility Audit Report: Final

Name of Facility: Appling Integrated Treatment Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/09/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Mable P. Wheeler	Date of Signature: 11/09/ 2023

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	10/02/2023
End Date of On-Site Audit:	10/04/2023

FACILITY INFORMATION	
Facility name:	Appling Integrated Treatment Facility
Facility physical address:	252 West Park Drive, Baxley, Georgia - 31513
Facility mailing address:	

Primary Contact	
Name:	Deborah Garnes-Bennett
Email Address:	deborah.bennett@gdc.ga.gov
Telephone Number:	912-367-1767

Warden/Jail Administrator/Sheriff/Director	
Name:	Vashti Brown
Email Address:	Vashti.Brown@gdc.ga.gov
Telephone Number:	912-367-1767

Facility PREA Compliance Manager	
Name:	Deborah Garnes-Bennett
Email Address:	deborah.bennett@gdc.ga.gov
Telephone Number:	O: (912)367-1761

Facility Health Service Administrator On-site	
Name:	Vicki Brewer
Email Address:	VBrewer@wellpath.us
Telephone Number:	912-367-1768

Facility Characteristics	
Designed facility capacity:	206
Current population of facility:	178
Average daily population for the past 12 months:	180
Has the facility been over capacity at any point in the past 12 months?	Yes

Which population(s) does the facility hold?	Males
Age range of population:	18 and Over
Facility security levels/inmate custody levels:	Medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	62
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	4
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	1

AGENCY INFORMATION

Name of agency:	Georgia Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	300 Patrol Road, Forsyth, Georgia - 31029
Mailing Address:	
Telephone number:	4789925374

Agency Chief Executive Officer Information:

Name:	Tyrone Oliver
Email Address:	tyrone.oliver@gdc.ga.gov
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	Grace Atchison	Email Address:	grace.atchison@gdc.ga.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

5

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.31 - Employee training
- 115.33 - Inmate education
- 115.86 - Sexual abuse incident reviews
- 115.87 - Data collection

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-10-02
2. End date of the onsite portion of the audit:	2023-10-04

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International (no information received)

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	206
15. Average daily population for the past 12 months:	180
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	195
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3

<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>Confined person with disabilities are listed on the Offender Profile Report. This report is provided to the auditor by the PREA Unit; the auditor reviewed the report and determined there were two (2) confined persons with cognitive functioning disability.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>62</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>4</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>Security staff are employed by the Georgia Department of Corrections, medical staff are contracted through Well Path, and mental health staff are contracted through Centurion.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>20</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Using the Offender Profile Report and the housing roster, the auditor selected confined persons by age, race, ethnicity, and housing assignments. During the site tour the auditor informally interview confined person in all four living units.</p>

56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The auditor has no barriers completing formal interviews with confined persons.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Through review of the Offender Profile Report and discussion with the facility's Superintendent, medical and mental health staff, the auditor determined there was no confined person housed at the facility with a physical disability.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Through review of the Offender Profile Report and discussion with the facility's Superintendent, medical and mental health staff, the auditor determined there was no confined person housed at the facility blind or had low vision.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Through review of the Offender Profile Report and discussion with the facility's Superintendent, medical and mental health staff, the auditor determined there was no confined person housed at the facility that was deaf or hard-of-hearing.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Through review of the Offender Profile Report and discussion with the facility's Superintendent, medical and mental health staff, the auditor determined there was no confined person housed at the facility that was limited English proficient.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Through review of the Offender Profile Report and discussion with the facility's Superintendent, medical and mental health staff, the auditor determined there was no confined person housed at the facility that identified as transgender or intersex.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Through review of the Incident Report maintained by the PREA unit, the auditor reviewed prior to the on-site visit, and discussion with the facility's Superintendent the auditor determined there were no confined person housed at the facility that reported sexual abuse. However, the facility did have one substantiated I/I Sexual Abuse during the 12-months preceding the audit, the confined person was no longer housed at the facility to interview.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Through discussion with staff responsible for risk screening and review of assessments, the auditor determined there was no confined person that disclosed prior sexual victimization during risk screening.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There was no confined person housed in segregation during the on-site portion of the audit.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The auditor had no barriers completing targeted interviews other than the targeted population was not housed at the facility during the on-site portion of the audit.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor had no barriers completing random staff interviews. The auditor selected security staff from all shifts.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>17</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	The auditor interviewed mental health staff that are contracted through Centurion.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the site review the auditor had access to the entire facility. The auditor was accompanied by facility staff and one staff member from the GDOC PREA Unit. The auditor tested phones in the day-rooms to confirm they were operational. The PREA Unit confirmed receipt of the call via email. The auditor informally interviewed staff, contractors, and confined persons during the site review.</p> <p>During the site tour, the auditor observed audit notices posted throughout the administrative area, posted at staff time clocks, visitation, medical, control booth, all dorms (A, B, C, D), barbershop, intake, shake down, mental health, classroom, maintenance shop, laundry, chow hall, and back gate. The audit notices accessible to confined persons were posted next to PREA posters throughout the facility.</p> <p>The auditor was able to observe the intake and risk screening process. The new arrival was screened in complete privacy by the counselor.</p> <p>There were no cross-gender searches conducted during the site-tour. The audit observed staff actively supervising confined persons.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The facility provided all related documents pertaining to compliance with all PREA standards during the on-site audit. After the on-site the auditor requested assessments and reassessments for all confined persons interviewed for standard 115.41, this information was provided by the facility expeditiously.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	2	0	2	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	4	0	4	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	3	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	1	3	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	2
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>The facility had six PREA incidents during the 12-months preceding the audit; all incidents were investigated by the facility investigator.</p> <p>Four I/I Sexual Harassment One I/I Sexual Abuse One S/I Sexual Abuse</p> <p>The auditor reviewed all investigations and determined compliance with standard 115.71; the files were organized and contained all required documentation.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

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

Yes

No

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

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.11:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (eff. 06/23/2022) 3. GDOC Organizational Chart PREA Unit 4. Applying Integrated Treatment Facility Organization Chart 5. Memo Designating PREA Compliance Manager 6. In-Service Training Records 7. PREA Training Curriculum <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p>

1. PREA Coordinator
2. PREA Compliance Manager

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.11 (a): GDOC and the Applying Integrated Treatment Facility, has a written Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, describing its mandate of zero tolerance toward all forms of sexual abuse and sexual harassment (p. 1). The policy describes how the facility will implement the GDOC's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Specifically, it includes staffing plans, technological advances and facility improvements, unannounced rounds, cross gender viewing and searching restrictions, screening and assessments, hiring and promotion practices and addressing disabled Confined persons or those with limited English proficiency. Policy 208.06 (pp. 4-6) defines the prohibited behaviors regarding sexual abuse and sexual harassment and resulting disciplinary action for Confined persons if upon investigation, these behaviors are found to be coerced. Disciplinary action will be initiated against staff members up to termination of employment. Policy 208.06 (pp. 7-15) the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. The policy includes sanctions for those found to have participated in prohibited behaviors (pp. 33-35).

The facility has an operation manual (GDC Policy 220.03 Attachment 14) which is the authoritative guidebook that describes the detailed processes and systems utilized by Care & Treatment staff, identifying the services provided to the offender population. The operational manual has 38 sections. Section 36 covers the "PREA Compliance Process".

115.11 (b): Review of GDOC's organizational chart designates the upper-level agency wide PREA Coordinator. This position is considered senior management and reports directly to the GDOC Commissioner. An interview with the PREA Coordinator explained her duties and the authority to develop, implement, and oversee PREA requirements; she related she has enough time to carry out those duties. Emphasis on PREA implementation practices at the facility level, to include policies and procedures, training, PREA literature, and the culture surrounding sexual safety indicate to the auditor that the PREA Coordinator has enough time to carry out PREA related duties.

Georgia Department of Corrections takes sexual safety seriously. The GDC appointed a Director of Compliance who is responsible for the Department's compliance with the PREA standards, The Americans with Disabilities Act, and the American Correctional Association (ACA) Standards.

115.11(c): Where an agency operates more than one facility, each facility has a designated PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Superintendents are required to assign a facility PREA compliance manager, who has sufficient time and authority to develop, implement and oversee the facility efforts to

	<p>comply with the PREA Standards.</p> <p>The Superintendent has designated a PREA Compliance Manager at Appling Integrated Treatment Facility. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention (p. 7-8) directs Superintendents at each facility to designate a PCM. In its response to the PAQ, the Superintendent of Appling Integrated Treatment Facility has designated the Facility Compliance Specialist as the PREA Compliance Manager. Also included in the PAQ response was a copy of Appling Integrated Treatment Facility’s Organizational Chart. The PREA Compliance Manager reports directly to the institution’s Superintendent.</p> <p>Zero Tolerance is reflected in multiple documents, including PREA Acknowledgement Statements for staff, contractors, volunteers, and Confined Persons. Posters were observed in building, living units, and in areas like the barbershop, kitchen, education, the gym, medical, segregation, etc.</p> <p>The facility provided PREA In-Service training records confirming staff have been trained on PREA. The In-Service training records for Employees and Unsupervised Contractors and Volunteers affirms that they have received training on the department’s Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Standard Operating Procedure 08.06, Sexually Abuse Abusive Behavior Prevention and Intervention Program. They acknowledge that violation of the policy will result in disciplinary action, including termination or being banned from entering any correctional institution.</p> <p>This standard is rated “exceed” because of the agency and the facility’s commitment to zero tolerance and to PREA. The department has designated a statewide compliance director with overall responsibility for implementing PREA. The department has designated a statewide PREA coordinator to oversee the implementation of PREA in the GDC facilities. Another staff has been designated as the agency’s assistant PREA coordinator. GDC has also provided the PREA Unit the position of “analyst” who collects data from monthly reports sent to the PREA Unit.</p> <p>The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.11 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.12:

1. Applying Integrated Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (eff. 06/23/2022)
3. Review of Georgia Department of Corrections Website

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (2)

1. Agency Contract Administrator
2. PREA Coordinator

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

The Pre-Audit Questionnaire indicates that the facility does not contract for the confinement of confined persons. The Georgia Department of Corrections contracts for the confinement of offenders with Private Prisons and Governmental Entities responsible for operating county prisons.

115.12 (a): The agency contracts for the confinement of its confined persons with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the obligation to adopt and comply with the PREA standards. All of the contracts require contractors to adopt and comply with PREA standards. Georgia Department of Corrections Policy, 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior, Prevention and Intervention Program, A. Prevention Planning, Paragraph 2, (p. 8) requires the Department to ensure that contracts and renewal contracts for the confinement of confined persons with private agencies and governmental agencies include the entity's obligation to adopt and comply with PREA Standards.

Currently, the Georgia Department of Corrections contracts with twenty-six (26) private prison and county institutions.

Applying Integrated Treatment Facility does not contract for the confinement of confined persons. The facility reported in their response to the Pre-Audit Questionnaire they have not entered or renewed a contract for the confinement of confined persons since the last PREA audit. However, the agency, does contract for the confinement of offenders with Private Prison and Governmental Entities responsible for operations of the county prisons.

115.12 (b): Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.

Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 8) does allow for contracts with private entities for the confinement of confined persons. It requires GDOC to ensure that contracts for the confinement of its confined persons with private agencies or other entities, including governmental agencies, shall include in any new contract or

	<p>contract renewal the entity’s obligation to adopt and comply with the PREA Standards and that any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA Standards.</p> <p>The interview with the Agency Contract Administrator confirmed Applying Integrated Treatment Facility does not contract with private entities for the confinement of confined persons. GDOC does, contract with private entities, the PREA Coordinator indicated contracted facilities are also on a 3-year cycle and are compliant with the frequency and scope of audits. They are required to submit their final PREA reports to the PREA Coordinator to verify compliance with PREA. The Georgia Department of Corrections post private entity’s PREA audits on their website.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.12 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115:13:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 3. Applying Integrated Treatment Facility Staffing Plan 2023 4. Applying Integrated Treatment Facility Unannounced Rounds (12 pages) 5. Duty Officer’s Log Book (3) 6. Deviations Documentation 7. Memo Unannounced Rounds Dated July 27, 2023 <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (4)</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. PREA Coordinator 4. Intermediate of High-Level Staff that conduct unannounced rounds <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p>

During the site review the auditor compared the staffing plan to the staffing levels in areas of the facility. The auditor observed the housing units (dorms), education, administration, and other areas of the facility. There are cameras in the four living units, camera are monitored in the R-1 Control Room. Staff was observed supervising confined persons. Officers are required to make frequent rounds not to exceed 30-minute intervals.

There are four (4) Open Bay Housing Dormitories, A-Dorm, B-Dorm, C-Dorm, and D-Dorm. An officer is assigned to each dorm. Each of the dorm houses 50 confined persons in both double and/or triple bunks. The dorms are monitored by security cameras. The Superintendent has designed dorms A & B as "Safe Beds".

There is a shower stall in the intake area with one shower head. Confined Persons shower one at a time during their assignment to this unit. Non-conforming gender offenders shower in this area as well. They shower one at a time with a curtain blocking any view from outside.

There are two cameras in the visitation room monitored in both Front Control and Rear Control.

There is one video camera in the yard that has 360 rotating capabilities. This camera is monitored by Control Room R-1.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.13 (a): GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 8-9) requires each facility to develop, document and make its best efforts to regularly comply with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect confined persons against sexual abuse.

In its response to the PAQ, the facility provided copies of their staffing plans for Appling Integrated Treatment Facility, the confined person designed capacity is 206, and the average daily population for the last 12-months is 154. The auditor reviewed the staffing plans and found it contains all relevant requirements pursuant to this provision. The staffing plan documents overall staff coverage per location and duty station, other relevant factors to include sick and annual leave, priority and gender specific posts, unplanned escorted hospital trips and transfers, and documents consideration for the physical layout of the facility and multiple buildings. The updated staffing plan includes the prevalence of substantiated and unsubstantiated incidents of sexual abuse which could possibly determine additional staff coverage in certain areas of the facility.

Interviews with the Superintendent, PREA Coordinator, PREA Compliance Manager, and higher-level staff indicated, the prevalence of substantiated and unsubstantiated incidents of sexual abuse are taken into consideration in the overall development of staffing levels at Appling Integrated Treatment Facility.

The staffing plan includes a breakdown of the total staffing, deployment of post and identification of priority posts. The auditor reviewed a sampling of daily Post Rosters to confirm appropriate staffing levels. The staffing plan also contains a contingency for staff 'call ins' by continuing to man the post by staff of previous shift until relief has arrived to maintain the minimum adequate staffing levels. The staffing plan details video monitoring in relation to the physical layout of the facility and lists the areas where the cameras are located. Video cameras are utilized to supplement staff supervision. There are cameras strategically located throughout the facility to enable viewing and to mitigate blind spots.

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates: 154

Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of inmates on which the staffing plan was predicated: 154

115.13 (b): GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 9-10) discusses when circumstances arise where the staffing plan is not complied with, the facility will justify and document all deviations on the daily Post Roster.

In its response to the PAQ, the facility indicated there have been no deviations from the staffing plan during the past 12 months.

The auditor reviewed a sampling of daily Post Rosters and found there have been no deviations from the staffing plan. Applying Integrated Treatment Facility makes its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, to protect confined persons against sexual abuse, per the PREA policy (p. 1).

When assessing the security staff plan, the PREA Prevention and Response Plan is given high considerations to ensure that the staffing level and video monitoring protect offenders against sexual abuse.

115.13 (c): On an annual basis, Applying Integrated Treatment Facility consults with the agency PREA Coordinator and conducts an assessment of the staffing plan to determine whether or not adjustments are needed to the established staffing plan and video monitoring systems as required by GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 9). The facility provided the auditor with the latest staffing plan review documentation in response to the PAQ, which confirmed annual reviews are taking place. Included in the annual review of the staffing plan, the facility assessed the staffing plan itself to include any evidence of prevailing staffing patterns, if there was a need for additional video monitoring systems or cameras and discussion of resources the facility has available to commit to ensure adherence to the staffing plan. Interview with the PREA Coordinator indicated annual reviews typically occur in January of each year.

PREA Unit. At minimum, the PREA Unit reviews and approves staffing plans for all

	<p>facilities on an annual basis. Staffing plans are also reviewed any time there is a change to the plan. For example, facility infrastructure, staffing changes, technology upgrades or malfunctions, post changes, additions, subtractions, etc.</p> <p>115:13 (d): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 8) requires facilities to conduct and document unannounced rounds by supervisory staff and duty officers on all shifts and locations throughout the facility on a weekly basis; for the intent of identifying and deterring sexual abuse and sexual harassment.</p> <p>The facility provided unannounced round logs and Duty Office’s Log Book confirming they are completed on all shifts.</p> <p>In the response to the PAQ which requires shift supervisors and duty officers to make unannounced rounds in all housing units and out-posts to better identify and deter sexual abuse and sexual harassment. The Assistant Superintendent related rounds are unannounced and staff shall not alert other staff members that rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.</p> <p>The interview with the Assistant Superintendent indicated Supervisory staff conducts daily unannounced inspections of all areas.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.13 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.14:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 3. Statement of Fact dated July 27, 2023 4. GDOC agency website, http://www.dcor.state.ga.us/ <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p>

	<p>Specialized Staff (1)</p> <p>Superintendent</p> <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <p>1. Observations of housing units, education, visitation, kitchen, dining hall, laundry, transmitter building, administration, shakedown room, maintenance shop, and rear confined person store. The auditor observed no youthful offenders.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.14 (a): Agency policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp.10) allows for the placement of youthful offenders in its facilities. Policy aligns with the provisions in this PREA Standard. The Appling Integrated Treatment Facility, as reported in their response to the PAQ, does not house youthful offenders at their facility and the agency website indicates the Appling Integrated Treatment Facility is comprised of a confined person population of adult males.</p> <p>115.14 (b): Current operations and practices meet the requirements of provision based on documentation provided.</p> <p>115.14 (c): Current operations and practices meet the requirements of provision based on documentation provided.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.14 based upon documentation provided.</p> <p>Corrective Action: (None)</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.15:</p> <ol style="list-style-type: none"> 1. Appling Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 3. Appling Integrated Treatment Facility Training Curriculum on Searches 4. Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches

5. Policy 220.09 Classification and Management of Transgender and Intersex Offenders

6. Policy 226.01 Searches, Security Inspections, and Use of Permanent Logs

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

1. Random Staff (12)
2. Random Confined Persons (20)
3. Transgender Confined Persons (0)

In order to decide compliance determination, the following observations were made during my on-site tour of the facility:

Observations of cross-gender announcements, notice posted that female staff work in the living units. Females entering living units were observed announcing their entrance. The audit observed surveillance system monitors to ensure showers and toilet areas are not in view of cameras, confined persons have complete privacy while showering. Non-conforming gender offenders may request to shower in the ID/Intake area.

They shower one at a time with a curtain blocking any view from outside. There are no cameras in the intake area.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.15 (a): The agency's PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, under section Limits to Cross- Gender Viewing and Searches (p.10) addresses provision (a) verbatim to the Standards. All random staff interviews corroborated the policy prohibiting cross gender searches absent emergent and exigent circumstances. Facility responses in the PAQ indicated cross-gender strip and cross- gender visual and body cavity searches of confined persons are prohibited and not conducted. The facility's Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches, further reiterates the prohibition of cross gender searches.

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

This facility houses adult male inmates and is staffed with male and female officers providing direct supervision in the living units. Female staff are prohibited from conducting searches absent "exigent" circumstances. They are allowed to conduct "frisk" searches and have been trained to use the back of their hands in conducting a "frisk" search.

In the 12-months preceding the audit, the facility reported zero cross-gender strip and cross-gender visual and body cavity searches, and zero conducted that did not involve exigent circumstances or performed by non-medical staff. During the pre-

onsite phase on, the auditor requested a list of medical and non-medical staff who conducts cross-gender visual (strip) or body cavity searches and any instances in which a cross-gender supervisor was present during a strip search.

All random staff interviews related policy prohibits cross gender searches absent emergent and exigent circumstances. If any cross gender searches occur, it is documented.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates: 0

In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff: 0

115.15 (b): The agency's PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, under section Limits to Cross- Gender Viewing and Searches (p. 10) stipulates the facility will not conduct cross- gender pat searches on female confined persons. The facility's Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches further reiterates this policy. In its response to the PAQ, the facility stated this facility does not house female confined persons.

GDC Policy 226.01, Searches, 1.d., requires that strip searches of females will be conducted by female correctional officers and that males will be strip searched by male correctional officers absent exigent circumstances (escapes, riot, etc.) and only if a same gender officer is not available. Cross gender searches in exigent circumstances are required to be conducted with dignity and professionalism. Search policy requires in the event of exigent circumstances searches of the opposite gender conducted under exigent circumstances must be documented on an incident report. This facility is an all-male facility.

Policy stipulates the requirement of prohibiting cross-gender pat searches on female confined persons will not restrict them access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The facility reported in its PAQ response that confined persons are not restricted from programming or other out-of-cell activities.

This facility does not house female confined persons.

115.15 (c): The agency's PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, under section Limits to Cross-Gender Viewing and Searches (p. 9), requires cross-gender visual body cavity searches and cross-gender pat searches of female confined persons be documented. During the Pre-onsite phase of the audit, the auditor requested documentation of exigent circumstances that may have permitted a cross- gender staff member to conduct a strip or body cavity search; and, of cross-gender staff

conducting pat searches of female confined persons. The facility's response to the PAQ indicated only female staff conduct pat searches on female confined persons and all cross-gender pat searches performed due to exigent circumstances are required to be documented on an incident report form. The facility responded by indicating there were no cross-gender pat searches or strip or body searches conducted by correctional or medical staff and thus, there was no documentation to review. This facility does not house female confined persons.

The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female inmates.

GDC Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program section IV.A. Page 9, states, the facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female offenders via an incident report.

115.15 (d): The facility uploaded the Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 11) in their response to the PAQ. Policy stipulates facilities will enable confined persons to "shower, perform bodily functions, and change clothing without non-medical 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". Included in the policy is a requirement for staff of the opposite gender to announce their presence when entering a confined person's housing unit. Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches supplements policy by requiring staff of the opposite sex, including the assigned housing unit officer to announce themselves prior to entering a housing unit. During the facility tour, the auditor observed staff of the opposite sex announce themselves prior to entering each housing unit.

The interviews with a random selection of staff related staff of the opposite gender announces themselves prior to entering housing areas. Random and targeted confined person confined person interviews indicated staff announce themselves prior to entering their housing unit and all confined persons indicated they have never been naked in the presence an opposite gender staff member.

According to policy, confined persons are notified verbally upon arrival to the facility of the expectation they be clothed in the presence of cross-gender staff members when not in the bathing areas or restrooms. The auditor observed an intake screening where staff did notify the confined person of the dress code. Policy requires confined persons should shower, perform bodily functions and change clothing in designated areas.

The auditor observed the following notice posted in both housing units: "NOTICE TO OFFENDERS: Male and female staff member routinely work in and visit the housing areas."

The auditor verified camera views do not extend into the bathing and restroom areas where confined persons are likely to be unclothed.

115.15 (e): The facility indicated in their response to the PAQ that they do not allow strip searches or any searches in which confined persons would be exposed or asked to take off their clothing and, and zero searches were completed on transgender or intersex confined persons for the sole purpose of determining their genital status in the 12 months preceding the audit. The agency's policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 8, Limits to Cross-Gender Viewing and Searches (P. 12) addresses provision (e) verbatim to the Standards. Policy prohibits staff from physically examining a Transgender or Intersex offender for the sole purpose of determining the offender's genital status. The facility's Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches further reiterates this policy and emphasizes confined person dignity. Further it discusses gender designation will coincide with the prison assignment made during classification (i.e. offenders at a female prison will be searched as females, and offenders at a male prison will be searched as males). The Local Policy Directive also details how to search transgender and intersex confined persons. Random staff interviews revealed 100% knew of the facility's practice of prohibiting staff from searching or physically examining a transgender or intersex confined person for the sole purpose of determining the confined person's genital status.

The facility had no confined person that identified as transgender that was housed at the facility for the auditor to interview.

115.15 (f): The facility indicated in their response to the PAQ that 100 percent of security staff have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex confined persons, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Random interviews with staff indicated 100% received training on cross-gender pat-down searches and searches of transgender and intersex confined persons. A review of training documentation consisted of Applying Integrated Treatment Facility's Annual Training Curriculum and training records. All staff indicated they received the training and described how to conduct transgender and intersex confined person pat searches, the auditor determined the practice has been institutionalized and staff would know what to do in the event exigent circumstances arise.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.15 based upon documentation provided and

interviews conducted. Corrective Action: (None)

<p>115.16</p>	<p>Inmates with disabilities and inmates who are limited English proficient</p> <hr/> <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.16:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program SOP 208.06, (eff. 6/23/22) 3. Statement of Fact dated July 27, 2023 4. Statement of Fact dated July 27, 2023, Offenders with Disabilities 5. User’s Guide Lionbridge (Sign Language) 6. Language Line Solutions (Interpreter) 7. PREA Brochure English/Spanish 8. Hotline Dialing Instructions English/Spanish 9. PREA Posters English/Spanish 10. Offender PREA Training Brochure English/Spanish <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. Agency Head (1) 2. Random Staff (12) 3. Confined Persons with Vision Disabilities (0) 4. Confined Persons that were LEP (0) 5. Confined Persons with Physical Disabilities (0) 6. Confined Persons with Hearing Disabilities (0) 7. Confined Person with Cognitive Disability (1) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <ol style="list-style-type: none"> 1. PREA Posting 2. Interpreter Information 3. Hotline Dialing Instructions 4. Tested phones to ensure they were operational 5. Informal confined persons interviews 6. Informal staff interviews <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.16 (a): GDOC’s written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 9, Offenders</p>
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with Disabilities, Who Have Limited English Proficient LEP, or have Limited Reading Skills (p. 12-13) requires the facility PREA Compliance Manager to ensure appropriate resources are available to confined persons with disabilities and those who are LEP so they may understand the facility policies regarding preventing, detecting, reporting and responding to sexual abuse and sexual harassment. The facility provided the auditor with the User's Guide for Lionbridge who provides sign language interpretive services. Language Line Solutions are utilized for limited English proficient confined persons in making an allegation of sexual abuse or sexual harassment. The Agency Head Designee indicated all PREA related educational materials are available in formats for disabled or Limited-English Proficient confined persons. In addition to the PREA materials, the agency has a dedicated ADA Coordinator who also provides resources to disabled or LEP confined persons.

The agency takes appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's effort to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary, to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skill, or who are blind or have low vision.

The agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.

GDC Policy 103.6, Americans with Disabilities Act (ADA), Title II Provisions definitions the following:

- Americans with Disabilities Act (ADA) – ensures that all individuals with disabilities are guaranteed the same rights and privileges as those without disabilities.
- Qualified Interpreter – Someone who is able to interpret effectively, accurately, and impartially, both receptively (i.e., understanding what the person with the disability is saying) and expressively (i.e., having the skill needed to convey information back to the person) using any necessary specialized vocabulary.
- Telecommunications Device for the Deaf (TDD also known as TTY) – An electronic device for text communication over a telephone line, that is designed for use by persons with hearing or speech difficulties. A tele-type writer.
- Mental Impairment – Any mental or psychological disorder to include, but not limited to, intellectual and developmental disabilities, organic brain syndrome,

emotional or mental illness, traumatic brain injuries, and learning disabilities.

Physical Impairment – Any physiological disorder or condition, to include but not limited to cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs). Cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine.

The Office of Professional Standards, Compliance Unit, has a Statewide ADA Coordinator who has established multiple contracts to ensure inmates with disabilities are able to participate fully in the agency's efforts to prevent sexual abuse. This is relevant to PREA in that when any issue arises regarding the need for any kind of interpretive services, the facility ADA Coordinator and PREA Compliance Manager have access to the Statewide Coordinator who can expedite interpretive services beyond those offered by Language Line, and these services, provided through multiple statewide contracts, include telephone, video, and on-site interpretive services.

The Coordinator serves as a resource person for accessing interpretive services for disabled or limited English proficient detainees and inmates. The Statewide Coordinator has required each facility to designate an ADA Coordinator in each facility. The ADA Coordinator has provided access to multiple statewide contracts for interpretive services for hearing impaired, visually impaired, or limited English proficient.

There was one confined person with a cognitive disability during the on-site portion for the audit.

There was no LEP confined person housed at the facility during the on-site portion of the audit for the auditor to interview.

115.16 (b): As noted in provision (a) of this standard, interview with the agency head related the agency has a contract with Language Line Solutions to communicate with LEP confined persons. English and Spanish PREA information and brochures are visibly posted throughout the facility and in housing units and are readily available for the confined persons. The auditor has tested agency/facility access to Language Line Solutions for language and Lions Bridge for sign language.

The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

GDC Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program section IV.A. Page 11, states, the facility shall not rely on offender interpreters, offender readers, or other types of offender assistants except in exigent circumstances where and extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first

	<p>response duties under 28 CFR 115.64, or the investigation of the offender's allegations.</p> <p>115.16 (c): Applying Integrated Treatment Facility written Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 9b., Offenders with Disabilities, Who Have Limited English Proficient, or have Limited Reading Skills (p. 12-13) addresses the facility's reliance on confined person interpreters, readers, or other types of confined person assistants. Applying Integrated Treatment Facility does not rely on another confined person, only if exigent circumstances arise. Exigent circumstances include where any extended delay in obtaining an interpreter could compromise the confined person's safety, the performance of first responder duties, or the investigation of confined person allegations. All random staff interviews indicated they do not use a confined person assistants to assist in translation. Policy is in place, and staff interviews support the non-use of any other confined person to translate, the auditor is convinced the practice has been institutionalized.</p> <p>The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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 standard, or the investigation of the inmate's allegations.</p> <p>In response to the Pre-Audit Questionnaire:</p> <p>In the past 12 months, the number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations: 0</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.16 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.17:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire

2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, 208.06, (eff. 6/23/22)
3. GDOC Employment Application
4. Employee Personnel Files (7)
5. Employee Personnel Audit File
6. GDOC Background Checks on Employees, Contractors, Volunteers
7. GDOC Applicant Verification Form, SOP 104.09
8. GDOC Professional Reference Check Form, SOP 104.09
9. GDOC Obtaining and Using Records for Criminal Justice Employment, 104.18
10. Statement of Fact dated July 27, 2023 Hiring and Promotions
11. Contractor Files (4)

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (1)

1. Human Resources Tech III

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.17 (a): The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 13-14) addresses this provision in detail and complies with the PREA Standards. No prospective employee, who may have contact with confined persons, is hired or contracted for services who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42. USC 1997; 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; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above.

Specifically, each applicant prospective employees are asked if they have ever:

1. Engaged in sexual abuse and/or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).
2. 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, or if the victim did not consent or was unable to consent or refuse; or.
3. Have been civilly or administratively adjudicated to have engaged in the activity as described above.

115.17 (b): The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 13-14) requires GDOC to consider any incidents of

sexual harassment in determining whether to hire or promote anyone who may have contact with confined persons.

The interview with the Human Resources Tech III confirmed sexual abuse and sexual harassment is taken into consideration prior to hiring anyone, employee or enlisting the services of contractors who may have contact with confined persons. The facility completes a Professional Reference Check form which asks is the applicant is under an internal investigation or has an active disciplinary action or adverse action. The form addresses Standard 115.17 as it relates to sexual abuse, but not sexual harassment.

115.17 (c): The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (p. 13), requires a background investigations be completed on all prospective employees and volunteers prior to their start date and having contact with confined persons. The policy includes the requirement 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. The facility makes 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 consistent with federal, state, and local law. The interview with the Human Resources Tech III confirmed the facility completes a Professional Reference Check on each transfer from other correctional institutions to inquire as to any current or past disciplinary actions or investigation concerns. The auditor is confident the standard is being met.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of persons hired who may have contact with inmates that have had criminal background record checks: 8

In response to the PAQ the facility indicated (8) staff were hired within the past 12 months who required a background investigation and indicated 100% of staff had background checks conducted prior to their start date during this audit cycle. The auditor asked for and reviewed a random sampling of employment files during this audit cycle and determined background checks were performed on all staff as required. The facility's HR department provided a complete personnel files audit of all file with current background checks and recent staff training dates.

This computerized check includes a check of the Georgia Crime Information Center and the National Crime Information Center. The check also includes electronic fingerprints. Additionally, the staff stated that all security (Peace Officer Standards Certified Staff) have annual background checks to coincide with their annual weapons qualifications. Non-certified staff, she related, are checked annually.

115.17 (d): The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 15) requires a criminal background investigation

be completed on all prospective contractors prior to having contact with confined persons.

In response to the Pre-Audit Questionnaire:

In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates: 7

Medical staff is contracted through Well Path, the mental health staff is contracted through Centurion. The auditor asked for and reviewed a random sampling of contractor/volunteer files during this audit cycle and determined background checks were performed on all contractors as required.

The interview with the facility's Human Resources Tech III indicated criminal background checks on all prospective contractors and volunteers. This is a mandatory practice at all GDOC facilities.

115.17 (e): The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 13-15) requires a background investigation be completed on all employees and contractors who may have contact with confined persons every five years.

The facility indicated in their response to the PAQ that agency policy requires a criminal background check at least annually for all staff and contractors, however, currently backgrounds are completed annually.

File documentation confirmed all employees had current backgrounds conducted within a one year period. The auditor is confident this practice has been institutionalized.

115.17 (f): The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 15) addresses this provision in detail and includes all required information pursuant to this provision. Standard Operating Procedure 104.09, Filling a Vacancy, identifies the three specific PREA related questions as per provision (a) of this standard which are given to everyone prior to hire and having contact with confined persons; and, prior to being promoted. Everyone is expected to answer each question. Specifically, each person is queried if they ever:

1. Have engaged in sexual abuse and/or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).
2. 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, or if the victim did not consent or was unable to consent or refuse; or.
3. Have been civilly or administratively adjudicated to have engaged in the activity

	<p>as described above.</p> <p>Upon reviewing employee file documentation, the auditor confirmed these PREA questions are asked and answered by the then applicant. There was promotions file to review during this audit cycle. The interview with the facility's Human Resources Tech III indicated standard procedure at all GDOC facilities. Employees, transfers, and those pending possible promotion are required to answer the questions and have another background check.</p> <p>Further, the PREA policy (p. 12) stipulates facilities "shall also impose upon employees a continuing affirmative duty to disclose any such misconduct."</p> <p>115.17 (g): The facility indicated in their response to the PAQ that material omissions regarding misconduct described in provision (a), or the provision of materially false information, shall be grounds for termination. The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 15) states, Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>115.17 (h): The agency's written policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (p. 15) addresses this provision in detail and specifically states, unless prohibited by law, the Department shall 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. The interview with the Human Resources Tech III indicated providing this information is not against the State of Georgia laws and is standard practice at all GDOC facilities.</p> <p>The interview with the Human Resources Tech III indicated when asked they provide this information via the Professional Reference Check Form.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.17 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.18:

1. Appling Integrated Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, 208.06, (eff. 6/23/22)
3. Statement of Fact dated July 27, 2023 Security Video Camera Monitoring System
4. Camera Upgrades and Additions

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff: (2)

1. Agency Head
2. Superintendent

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.18 (a): In the response to the PAQ the facility reported they have not engaged in any substantial expansion or modification of its facility since the last PREA audit. The interviews with the agency head and Superintendent indicated they have not had modifications to the Appling Integrated Treatment Facility. This provision is not applicable since the facility has had no expansions or modifications to their facility.

115.18 (b): In response to the PAQ, the facility indicated they have upgraded video monitoring system since the last PREA Audit.

Appling ITF updated the security camera monitoring system. Upgrades were made to all the security cameras throughout the facility. All four open bay housing units have been equipped with two (2) cameras; one (1) camera was placed at the rear of the housing unit facing the front and one (1) camera placed at the front of the housing unit facing the rear. Three (3) video monitoring cameras were placed in the Administrative Segregation Unit. The facility has added Video monitoring cameras throughout the facility. Cameras are strategically placed throughout all areas of the facility to deter sexual abuse and sexual harassment.

The interview with the Superintendent indicated the installation of additional electronic technology occurred during this audit period.

The facility is in compliance with PREA Provision based upon documentation provided and interviews conducted. Current operations and practices meet the requirements of PREA Standard 115.18.

Corrective Action: (None)

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:

1. Applying Integrated Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program
3. PREA Investigation Protocol,(dated 6/15/16)
4. Standard Operating Procedure (SOP), 103.10, Evidence Handling and Crime Scene Processing
5. SOP, 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Confined persons
6. Policy 507.04.91 Medical Management of Suspected Sexual Assault
7. Procedure for SANE Evaluation/Forensic Collection
8. Sexual Abuse/Sexual Harassment Rape Elimination Act (PREA) Education Acknowledgement Statement.
9. Procedure for SANE Nurse Evaluation/Forensic Collection, (dated 8/14/15)
10. SOP 208.06, Attachment 5, Procedure for SANE Evaluation/ Forensic Collection
11. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, Attachment 7, Procedure for SANE Nurse Evaluation/Forensic Collection (eff. 8/14/15)
12. Contract with SART
13. SANE Call Roster

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff: (2)

1. PREA Compliance Manager
2. SAFE/SANE staff (prior interview)
3. Random Staff (12)
4. Targeted Confined person Who Reported a Sexual Abuse (0)

115.21 (a): In response to the PAQ, the facility indicated they conduct both administrative and criminal investigations of alleged sexual assault and sexual harassment. Allegations that appear to be criminal in nature are referred to the Georgia Department of Corrections Investigative Division. Agency policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p.32) describes the agency's expectations regarding evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility also reported its agency, GDOC, is responsible for conducting criminal sexual abuse investigations (including confined person-on-confined person sexual abuse or staff sexual misconduct).

To the extent the agency is responsible for investigating allegations of sexual abuse; the agency shall follow a uniform evidence protocol that maximizes the potential for

an obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Twelve (12) interviewed random security staff representing staff from both shift (Day and Night) was interviewed. Staff were asked do you know and understand the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse?

One hundred percent (100) % of the staff interviewed could articulate and fully describe the process and steps required to protect physical evidence, which included but not limited to: notifying the supervisor, securing the scene, separating the victim and the perpetrator, protecting physical evidence, not allowing the victim to shower or brush their teeth, not changing clothes, and immediately seeking medical attention.

The random staff were also asked if they knew who is responsible for conducting sexual abuse investigations. All staff reported that they knew that the PREA investigator was responsible for conducting sexual investigations.

Staff also reported the information is confidential in nature and would not disclose any information to those without need-to-know basis.

115.21 (b): According to its PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 16), GDOC's response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. In response to the PAQ, the facility reported it does not house youthful confined persons and accept adults between the ages of 18 and plus years so the protocol requirement to be developmentally appropriate for youth is not applicable in determining compliance of this provision.

GDC Policy 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program section IV.A. Page 14, states, when there is a report of an incident of sexual abuse that was alleged to have occurred within the previous 72 hours, or there is a strong suspicion that an assault may have been sexual in nature, a physical examination of the alleged victim shall be conducted to determine if immediate medical attention is necessary and if the SANE protocol should be initiated, (Attachment 5, Procedure for SANE Evaluation/Forensic Collection). The SANE examination shall be provided at no cost to the offender. Physical evidence from the suspected perpetrator (s) will be collected and may also include an examination. Offender consent must be collected and may also include an examination. Offender consent must be obtained prior to initiating the SANE protocol, in accordance with policy 507.04.85 Informed Consent.

115.21 (c): Per PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 16) Applying Integrated Treatment Facility offers all victims of sexual abuse access to forensic medical examinations at no cost to the confined persons. These examinations are performed

by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE) as required.

The department has promulgated a Local Procedure Directive encompassing the procedures related to responding to victims of sexual assault and the victim is provided the opportunity for a forensic exam as soon as possible. Forensic exams are provided at no cost to the victim.

Investigations are initiated when the Sexual Assault Response Team (SART) leader is notified of an actual or allegation of sexual/abuse or sexual harassment. The SART initially investigates to determine if the allegation is PREA related. If there is a sexual assault, the SART leader informs the superintendent/superintendent who (or designee) contacts the Office of Professional Standards (OPS) investigator who will respond to conduct the criminal investigation. OPS is the office with the legal authority and responsibility to conduct investigations of incidents the victim and requiring the alleged perpetrator not to take any actions that would degrade or eliminate potential evidence and securing the area or room where the alleged assault took place and maintaining the integrity of evidence until the OPS investigator arrived.

The facility responded in the PAQ that there has been no forensic examination conducted by either SAFE/ SANE or a qualified medical practitioner during the 12-months preceding the audit.

A previous interview with contracted staff of GDOC's Sexual Assault Response Team confirmed they have SAFE/SANE staff available for conducting forensic examinations for confined persons under the supervision of the Georgia Department of Corrections.

115.21 (d): The agency shall attempt to make available to the victim of sexual assault a victim advocate from a rape crisis center. If a rape crisis center is not available, the agency makes available a qualified staff member to serve as an advocate for victims of sexual assault

The facility does not have MOU with a community-based advocate service for victims of sexual assault. The facility has made attempts via email, but the center would not return their email request.

The facility has a trained Counselor that can serve as a victim advocate.

115.21 (e): Per PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 15) Applying Integrated Treatment Facility offers "a victim advocate to confined persons alleging sexual abuse/ sexual harassment upon request" by the confined person.

The auditor finds the facility in compliance with PREA Provision 115.21 (e) based upon documentation reviewed and interviews conducted.

115.21 (f): In response to the PAQ, the agency is responsible for investigating allegations of sexual abuse or sexual harassment, as such, provision (f) is not applicable in determining compliance with Standard 115.21.

	<p>115.21 (g): For purposes of this audit, this auditor is not required to make a compliance determination for provision (g) of this standard.</p> <p>115.21 (h): For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>Victim advocates from the community used by the facility shall be pre-approved through the appropriate screening process and subject to the same requirements as contractors and volunteers who have contact with offenders.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.21 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.22:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. GDOC Website referencing agency PREA Policy 4. Sexual Abuse Incident Review Form, SOP 208.06, Attachment 9 (eff. 6/23/22) 5. Sexual Assault Investigation Reports (2) 6. Sexual Harassment Investigations Reports (4) 7. Sexual Allegation Response Checklist, SOP 208.06, Attachment 4 (eff. 6/23/22) 8. PREA Investigative Summary, SOP 208.06, Attachment 6 (eff. 6/23/22) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (2)</p> <ol style="list-style-type: none"> 1. Agency Head (designee) 2. OPS Special Agent (prior interview) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.22 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 27-28) "All reports of sexual abuse or sexual harassment will be considered allegations and will be investigated.

In response to the PAQ, the facility reported zero (6) allegations of sexual abuse or sexual harassment occurred during the 12-month period prior to the audit which required an administrative investigation.

In the past 12 months, zero (0) of allegations were referred to OPS for criminal investigation.

The provided six investigations file for review by the auditor, two sexual abuses and four sexual harassment. One was determined to be unfounded, four were unsubstantiated, and one was substantiated.

The interview with the agency head designee confirmed administrative investigations are completed on all allegations of sexual abuse and sexual harassment; allegations that are criminal in nature are investigated by OPS. These investigations are completed by the facility SART (Sexual Abuse Response Team) and all incidents are reviewed by the facility leadership, as well as our PREA Coordinator's office.

115.22 (b): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 26) "Where sexual abuse is alleged and cannot be cleared at the local level, the Regional SAC shall determine the appropriate response upon notification. If this appropriate response is to open a criminal investigation, the Regional SAC shall assign an agent or investigator." This policy can be viewed on the GDOC website - www.dcor.state.ga.us. The auditor verified the PREA policy is on the facility's website under Executive Division, Policy and Compliance.

The interview with the investigator indicated all allegations that are potentially criminal in nature are referred to the GDOC's Operations of Professional Standards office for investigation.

115.22 (c): GDOC conducts its own criminal investigations and therefore, its investigative responsibilities pertain only to the agency itself. Provision (c) is not applicable in determining compliance with Standard 115.22.

Interviewed Staff (Statewide): The lead SANE nurse indicated that the "Sexual Assault Response Team" has a contract with the Georgia Department of Corrections to provide SANE and advocacy services to all prisons, transitional centers and other treatment centers.

The facility maintained a Medical PREA Log of all forensic exams. This log includes the following information:

1. Logs the date of the incident
2. Reported within 72 hours

	<ol style="list-style-type: none"> 3. Transport to ER 4. Inmate consent signed 5. SANE notified 6. Time notified 7. Date Exam Scheduled 8. Date Exam completed 9. Time SANE arrived 10. SANE Conducting the Exam 11. Company Chain of Command for Rape Kit 12. Date the rape kit is accepted by security <p>The Georgia Department of Corrections is responsible for completing all PREA investigations, if the investigation cannot be completed at the facility level or is determined to be criminal in nature, the investigation will be completed by OPS.</p> <p>115.22 (d): For purposes of this audit, this auditor is not required to make a compliance determination for provision (d) of this standard.</p> <p>115.22 (e): For purposes of this audit, this auditor is not required to make a compliance determination for provision (e) of this standard.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.22 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.31	Employee training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.31:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Staff Training Records 2023 4. Applying Integrated Treatment Facility PREA Annual Training In-Service Roster

5. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention
6. PREA Training Curriculum
7. NIC Training Curriculum
8. Program, SOP 208.06, Attachment 1, PREA Education Acknowledgement Statement (Staff)

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

1. Random Staff (12)

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.31:

1. Applying Integrated Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)
3. Staff Training Records 2023
4. Applying Integrated Treatment Facility PREA Annual Training In-Service Roster
5. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention
6. PREA Training Curriculum
7. NIC Training Curriculum
8. Program, SOP 208.06, Attachment 1, PREA Education Acknowledgement Statement (Staff)

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

1. Random Staff (12)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.31 (a): Per policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 18-97) address all the staff training requirements relative to this standard. The auditor reviewed the policy and determined it contains all required training topics to satisfy this standard provision. The interviews with a random of staff indicated 100 percent received the required PREA training and training documentation supports all staff have received this training. Applying Integrated Treatment Facility also ensures all staff members read, understand and sign the PREA Education Acknowledgement Statement indicating their receipt and understanding of the agency's zero tolerance policy on

sexual abuse and sexual harassment. The auditor reviewed an in-service training roster which included PREA as a training topic.

The agency shall train all employees who may have contact with inmates on:

- Its zero-tolerance policy for sexual abuse and sexual harassment.
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Inmates' right to be free from sexual abuse and sexual harassment.
- The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
- The dynamics of sexual abuse and sexual harassment in confinement.
- The common reactions of sexual abuse and sexual harassment victims.
- How to detect and respond to signs threatened and actual sexual abuse.
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

New employees receive PREA Training during the Pre-Service Orientation. Staff receives annual in-service training that includes a segment on PREA. In-service training considers the gender of the inmate population.

The PREA Acknowledgement Statements or rosters affirm the employee has received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDC Standard Operating Procedure 208.06, Sexual Abusive Behavior Prevention, and Intervention Program. The statements also affirm they understand that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any GDC institution. Penalties for engaging in sexual contact with an offender commit sexual assault, a felony, is punishable by imprisonment of not less than one or more, than 25 years, a fine of \$100,000 or both.

In addition to the required PREA training the agency requires the following related ACA training topics:

- Responsibilities, rights, rules and regulations of employees.
- Security responsibilities.
- Sexual harassment.
- Prohibitions concerning sexual harassment, religious prejudice, and minority rights.

- Appropriate conduct with offenders and Offender supervision.
- Security and safety plans and procedures.
- Supervision of offenders.
- Offender rights.
- Interpersonal relations.
- Communication skills of offender supervision.
- Sexual abuse/assault/harassment intervention.
- Supervision of offenders including training on sexual abuse and assault

115.31 (b): The Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 20) in part states, "In-service training shall include gender specific reference and training to staff as it relates to the specific population supervised. Staff members transferring into a facility of different gender from prior institution shall receive gender-appropriate training. Applying Integrated Treatment Facility houses both male confined persons. In response to the PAQ, the facility indicated the training is tailored to the gender of the confined persons at Applying Integrated Treatment Facility which is male confined persons. Staff training files indicate training is geared towards male confined persons.

Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that house only male inmates to a facility that houses only female inmates, or vice versa.

New employees receive PREA Training during the Pre-Service Orientation. Staff receives Annual In-Service Training that includes a segment on PREA. In-Service Training considers the gender of the inmate population.

115.31 (c): The Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 16) requires all employees to attend training annually. Review of staff training records confirmed all staff has received PREA training as required. Provision (c) requires PREA refresher training every two years and the facility's practice is to provide comprehensive PREA training on an annual basis which substantially exceeds the requirements of this provision.

All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The Auditor interviewed twelve (12) random security staff representing staff from

both shift (Day and Night). All staff reported having to engage in mandatory in-Service Training to get refresher overview of PREA. The common theme with all staff interviewed showed that the facility leadership ensured that all staff knew the basic material relating to PREA.

115.31 (d): The auditor reviewed training records that contain both electronic verification and signatures indicating they understand the PREA training they received. The PREA Education Acknowledgement form in part states, "I have received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and have read GDOC Standard Operating Procedure, 208.06, Sexually Abusive Behavior Prevention and Intervention Program. I understand the Department's zero-tolerance for sexual abuse of confined persons." The auditor reviewed a sampling of signed forms and found determined them compliant.

The agency shall document, through employee signature or electronic verification that employees understand the training they have received.

The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.31 based upon documentation provided and interviews conducted.

This standard is rated exceeds, the Georgia Department of Corrections received funding through the BJA-2020-17233 grant that allowed the department to hire ARKS Media LLC, to revise the Georgia DOC PREA training video. The revised video serves as a PREA education component for both staff and inmates. The use of sign language is also an enhancement. In addition, provision (c) requires PREA refresher training every two years and the facility's practice is to provide comprehensive PREA training on an annual basis which substantially exceeds the requirements of this provision.

Corrective Action: None

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.32:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Volunteer and Contractor Training Curriculum 4. Training Records - Volunteers and Contractors (17) 5. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, Attachment 1, Sexual Abuse/

Sexual Harassment PREA Education Acknowledgement Statement.

In order to decide compliance determination, the following persons were interviewed, and the following interview finding was considered:

Specialized Staff:

1. Contractors (2)
2. Volunteer (0)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.32 (a). The Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 20-21) addresses volunteer and contractor training requirements relative to this standard. Participation in the training is documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement.

The agency shall ensure 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.

The auditor reviewed seventeen (17) training acknowledgements statements and found the appropriately documented to satisfy this provision.

In the response to the PAQ, the facility indicated there were sixteen (16) contractors and one (1) volunteer that had contact with confined persons within the past 12-months prior to the audit. By definition from the PREA Resource Center, a person who may have contact with confined persons is an individual, "within the scope of that person's official or unofficial duties or privileges, it is reasonably foreseeable that the person will have physical, visual, or auditory contact with a confined person over any period of time." Volunteers and contractors fall under that category.

The GDC Office of Professional Standards requires volunteers to successfully complete a background investigation. As part of the application process, volunteers complete the Background Packet consisting of the following:

- Background Screening Packet
- Authorization for Release of Personal Information
- Personal History
- Criminal History
- Contraband/Personal Dealings/Sexual Contact
- Security
- Drug History
- Work/Volunteer History
- Certification That My Answers Are True

Interviews with a contractors indicated they received the same training as all staff and signs the PREA Acknowledge Statement, the contractors understood the agency's zero tolerance policy on sexual abuse and sexual harassment.

115.32 (b). Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 20-21) in part states, "The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with confined persons, but all volunteers and contractors who have contact with confined persons shall be notified of our zero- tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents." Further, the policy stipulates that participation in the training is documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement.

Two contractors were interviewed, when asked have you been trained in your responsibilities regarding sexual abuse and sexual harassment, prevention, detection, and response according to agency policy and procedures? The contractors indicated yes, medical contractor and mental health staff received PREA training through their employers.

115.32 (c). The auditor reviewed documentation for sixteen (16) contractors who received PREA training, thus ensuring the facility maintains documentation confirming that volunteers and contractors understand the training they received by way of signature on the agency's acknowledgment form that they received and understood the training. Participation in the training is documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/ Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. The form is maintained in the volunteer/contractors files. The facility has one (1) volunteer that has contact with the confined persons, the facility provided proof of training through the PREA Acknowledgement Statement.

The auditor reviewed contractor's files and found the appropriate documentation in place to satisfy this provision.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.32 based upon documentation provided and interviews conducted.

Corrective Action (None)

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.33:

1. Applying Integrated Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)
3. Confined person Files (30)
4. Confined person Awareness and Education Brochures (Spanish and English)
5. Applying Integrated Treatment Facility Confined person Handbook, (English and Spanish)
6. PREA Acknowledgement Statements/Orientation Packet (30)
7. Lionbridge User's Guide
8. Language Line Solutions

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (1)

1. Intake staff
2. Random Confined Persons (20)
3. Targeted Confined Persons with Vision Disability (0)
4. Targeted Confined Person with Cognitive Disability (3)
5. Targeted Confined Persons with Hearing Disability (0)
6. Targeted Confined Persons with Physical Disability (0)
7. Targeted Confined Persons who were LEP (0)

In order to decide compliance determination, the following observations were made during my on-site tour of the facility:

1. Observations of prominently posted PREA materials and Hotline Dialing instructions in the admin area, by the time clock, the entrance to the records room, visitation, next to the vending machine, that admin hallway, medical, mental health, control booth windows, admin segregation, all housing units, sleeping areas, barbershop, intake and shake down areas, all bulletin boards, chow hall, inmate store, back gate, GED classroom, and maintenance shop. Hotline dialing instructions were posted by phones.
2. The auditor observed the Intake Screening Process during the on-site portion of the audit.
3. The auditor informally interviewed ten/plus confined persons from each housing unit during the site tour.
4. The auditor's observation of cameras in the control booth confirmed cameras do not monitor the shower and toilet areas, cameras are monitor 24/7 by staff. Each

dorm has two cameras, one place the rear of the dorm and one place in the front of the dorm.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.31 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 18) requires notification of the GDOC's zero- tolerance policy for sexual abuse and harassment and information on how to report an allegation at the receiving facility be provided to every confined person upon arrival to the facility.

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

Georgia DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 4, Offender Education, requires notification of the GDC Zero-Training Policy for Sexual Abuse and Harassment and information on how to report an allegation at the receiving facility. This is required to be provided to every Inmate upon arrival at the facility. It requires in addition to verbal notification and offenders are required to be provided a GCD PREA pamphlet.

The PREA Education included:

1. The Department's zero -tolerance of sexual abuse and sexual harassment.
2. Definitions of sexually abuse behavior and sexual harassment.
3. Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in the Department Custody.
4. Methods of reporting.
5. Treatment options and programs available to offender victims of sexual abuse and sexual harassment.
6. Monitoring, discipline, and prosecution of sexual perpetrators.
7. Notice that male and female routinely work and visit housing area.

The Inmate Handbook included:

1. Prisoner Grievances (pp. 35-37)
2. PREA (p. 15)
3. Disciplinary Violations (p. 35)

The Inmate Awareness and Education Brochure include:

1. Reporting is the First Step!

2. What to do if you've been sexually assaulted
3. What will happen to me if I make allegations knowing them to be false?
4. Examples of sexual assault.
5. What is sexual assault?
6. Inmates: Call *7732
7. Probationers: Call 1 - 888-992-7849
8. The Department will not tolerate Retaliation
9. It is not your fault if you were sexually assaulted: Sexual assault is not part of your sentence!
10. Avoid Sexual Abuse

PREA Education is required to be provided in formats, accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills.

Inmate Education, according to GDC policy requires the facility to maintain documentation of offender participation in education sessions in the offender's institutional file. Policy requires that the following are posted in each housing unit:

1. Notice of male and female staff routinely working and visiting housing areas.
2. A poster reflecting the department's zero-tolerance (must be posted in common areas, as well as throughout the facility, including entry, visitation, and staff areas.

Inmates confirm their orientation on several documents:

1. Acknowledgement of having received the PREA Orientation (to include the PREA Video on sexual assault and sexual harassment).
2. Offender Orientation Checklist (documenting Sexual Abuse and Harassment and Viewed the PREA Video).

In response to the PAQ, the facility reported (354) confined persons were orientated at Appling Integrated Treatment Facility in the 12 months preceding the audit and 100% received the facility's information on its zero-tolerance policy regarding sexual abuse and sexual harassment. The random confined person interviews confirmed 100% received the zero-tolerance information on sexual abuse and sexual harassment and how to report when they first arrived at the facility.

The interview with intake staff confirmed during the intake process the facility provides PREA information explaining the Appling Integrated Treatment Facility's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment both verbally and in

writing. They receive a comprehensive PREA brochure and a confined person handbook which details PREA and reporting mechanisms.

The auditor was able to observe the intake processing and risk screening. The process is conducted in complete privacy by the Behavior Health Counselor III.

115.33 (b): The facility's response to the PAQ indicated (350) confined persons were admitted to Appling Integrated Treatment Facility during the past 12 months for a stay of 30 days or more. 100% of those confined persons received comprehensive PREA education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

Within 15 days of arrival, the policy requires inmates receive PREA education. The education must be conducted by assigned staff members to all inmates and includes the gender appropriate "Speaking Up" video on sexual abuse.

The initial notification and the education are documented in writing by signature of the confined person.

In the case of exigent circumstances, the training may be delayed, but not no more than 30 days, until such time is appropriate for delivery (i.e., Tier Program, medical issues, etc.). This education is documented in the same manner as for offenders who participated during the regularly scheduled orientation.

Appling Integrated Treatment Facility provides PREA education/refresher education to all confined persons who are transferred to their facility, regardless of where they transferred from, within 15 days of intake as stated in their PREA policy (pp. 21-22). The auditor's review of confined person files confirmed all contained a signed acknowledgment they were given a copy of the confined person handbook which contains a comprehensive PREA information section beginning with "Zero Tolerance for Sexual Violence", as well as, watched a PREA video titled, "Speaking Up". A question and answer period is immediately followed by the video presentation. The video is approximately 20 minutes in length and stresses sexual abuse as not being a part of a confined person's sentence, inferring all confined persons have a right not to be sexually abused, harassed or retaliated against. The auditor will recommend the facility convey confined person rights in a more deliberate manner, be it verbal or in writing, so there are no question confined persons are receiving this information.

The number of those inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and

retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake: (350)

Random interviews with confined persons confirmed 100% received comprehensive PREA education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake. Interviews with intake staff confirmed confined persons receive this information during the video presentation within 15 days of intake.

115.33 (c): Applying Integrated Treatment Facility provides PREA education/refresher education to all confined persons who are transferred to their facility, regardless of where they transferred from as evidenced through file documentation and interviews. In response to the PAQ, the facility indicated there were no confined persons transferred to their facility who did not receive PREA training.

Current confined persons who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the confined person's new facility differ from those of the previous facility.

Interviewed intake staff was asked how do you ensure that current confined person, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse or sexual harassment? Staff indicated that by posting PREA posters throughout the facility including all dorms, during the day of intake PREA pamphlets are given to all confined persons, the PREA video is shown to all confined persons, and the intake counselor verbally explains the importance of knowing the policy on PREA proper procedures to report PREA allegations. PREA education is recorded in Scribe.

The auditor finds the facility in compliance with PREA Provision 115.33 (c) based upon documentation provided and interviews conducted.

115.31 (d): Per GDOC Standard Operating Procedure, 103.63, Accommodation Request Procedure, qualified confined persons with disabilities will have equal access to services, programs, and activities. GDOC and each GDOC facility have an ADA Coordinator to assist with special needs.

According to the policy, to ensure effective communication with those confined persons who are hearing impaired, GDOC will provide hearing aids and services free of charge. Services include qualified sign language interpreters and oral translators, TTY s, videophones, note-takers, computer- assisted real time transcription services, written materials, telephone handset amplifiers, assistive listening devices and systems, telephones compatible with hearing aids, closed caption decoders or TVs with built-in captioning, open and closed captioning of GDOC's programs, or other equally effective solutions.

For confined persons with a vision disability GDOC will provide confined persons with

guide sticks if medically necessary, documents with enlarged text, documents in Braille, magnifying sheets, magnifying devices, computer keyboards with enlarged text, large computer screens, bold lined paper, talking books, screen reader devices, readers, or audio recordings. For confined persons with communication disabilities, GDOC will provide other effective methods to make materials available to accommodate communication needs. For confined persons who are Limited English Proficient GDOC provides interpretive services through several means, including interpretive services, and English and Spanish PREA posters and brochures.

The Georgia Department of Corrections has a contract with Lionbridge to provide sign language translation services and Language Line Solutions for confined persons that do not speak English. The auditor tested access to both agencies.

115.31 (e): The facility maintains documentation of confined person participation in PREA education sessions. All PREA education documents that facility case management staff discusses with and provide confined persons are signed and dated by both staff and confined person. Documents include the Confined person Orientation Checklist, which includes verification of watching the PREA video and receipt of the confined person handbook. All confined persons also sign an acknowledgement stating "On (date) received the Prison Rape Elimination Act (PREA) orientation at Applying Integrated Treatment Facility. This orientation consisted of watching the PREA "Speaking Up" video, followed by a question-and-answer period. I also received the Sexual Assault, Sexual Harassment, and Prison Rape Elimination Act handouts during the intake process. The auditor review of the confined person files confirmed all contained the appropriate forms and signatures of receipt.

The agency shall maintain documentation of inmate participation in these education sessions.

The inmate signs a PREA Acknowledgement and initials the Orientation Checklist affirming they viewed the PREA video, that they understood it and that they had the opportunity to ask questions. By signing the Video Acknowledgement, inmates affirm that they have viewed and understood the video on PREA. The form briefly tells the inmate if they need to make a report to dial "PREA" (7732) or report to a staff member. It tells the inmate to speak to a case manager or other staff if they have further questions. Inmates acknowledge their understanding on the Offender Orientation Checklist.

The Checklist includes the following:

1. Classification, Disciplinary and Grievance Process.
2. Inmate Handbook.
3. Review of Rules, Regulations and Departmental Procedures.
4. How to access counselors, sick call, etc.
5. PREA Video.

Inmates acknowledge, by signature, that they received the formal orientation and were given the opportunity to ask questions and that they understand they will be accountable for any violations.

GDC Policy 220.04 Offender Orientation states that the A&O counselor will screen the institutional file and SCRIBE for each assigned confined person within seventy-two hours of arrival to identify any special need (s) that require the attention of staff.

Referrals will be made to appropriate staff/departments upon discovery of such need (s).

Policy also states offenders will be given information via the offender handbook upon arrival or within twenty-four (24) hours of arrival.

115.31 (f): The facility ensures key information about Applying Integrated Treatment Facility PREA policies is continuously and readily available and/or visible through posters, brochures and confined person handbooks. The auditor observed that facility practice allows for each confined person to sign for and retain a copy of the confined person handbook and PREA brochures. During the site review, the auditor observed English and Spanish PREA hotline posters prominently displays in the facility and in the housing units by the entrance and in the living unit by the telephones.

In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to confined persons through poster, inmate handbooks, or other written formats.

Inmates are provided PREA information on a continuous basis through posters reflecting the department's zero tolerance for sexual abuse and harassment and contact information for inmate reporting of sexual abuse allegations. The facility has PREA information painted on the walls in and continuously in view of confined persons and staff.

During the intake process confined persons are exposed to the streaming PREA video and are given a PREA brochure and a discussion is conducted on the zero-tolerance policy and how to report allegations of sexual abuse, sexual harassment, and retaliation. After receiving the PREA related brochure, the confined persons sign the PREA Acknowledgement Statement documenting receipt of training.

The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.33 based upon documentation provided and interviews conducted.

This standard is rated exceeds, the Georgia Department of Corrections received funding through the BJA-2020-17233 grant that allowed the department to hire ARKS Media LLC, to revise the Georgia DOC PREA training video. The revised video serves as a PREA education component for both staff and inmates. The use of sign language is also an enhancement.

Corrective Action: (None)

115.34	Specialized training: Investigations
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1445 416">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.34:</p> <ol data-bbox="256 454 1390 656" style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. NIC Training Records of Investigative Staff (2) 4. NIC Training E-Course, "Investigating Sexual Abuse in a Confinement Setting" <p data-bbox="256 694 1453 770">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p data-bbox="256 808 544 842">Specialized Staff (1)</p> <ol data-bbox="256 880 767 956" style="list-style-type: none"> 1. OPS Investigator (prior interview) 2. Facility Investigator <p data-bbox="256 994 1414 1070">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="256 1108 1477 1556">115.34 (a): Per the agency's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 23), specialized training is a requirement for staff conducting sexual abuse and sexual harassment investigations in confinement settings. As reported in the PAQ, the facility conducts administrative investigations that do not rise to the level of potentially criminal in nature. Potentially criminal allegations are referred to the GDOC's Operations of Professional Standards office for investigation. The interview with investigative staff confirmed receiving specialized training. Review of investigative staff training files confirmed certifications of completion for PREA: "Investigating Sexual Abuse in a Confinement Setting" which was presented online by the National Institute of Corrections.</p> <p data-bbox="256 1594 1461 1760">In addition to the general training provided to all employees pursuant to standard 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations; its investigators have received training in conducting such investigations in confinement settings.</p> <p data-bbox="256 1798 1477 2076">Georgia DOC Policy 208.6, Prison Rape Elimination Act, Sexually Abuse Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 5. Specialized Training investigation requires the Office of Professional Standards to ensure all investigators are appropriately trained in conducting investigations in confinement settings. That training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case</p>

for administrative action or prosecution referral. The department is required to maintain documentation of that training.

In GDC facilities, the Sexual Assault Response Team (SART) is charged with conducting the initial investigation into issues related to PREA. Their role is to determine if the allegation is PREA related. If the allegation appears to be criminal in nature, the Office of Professional Standards investigators will conduct the investigation with support from the SART.

The facility investigators completed the online NIC course: PREA: Investigating Sexual Abuse in Confinement Settings. Certificates were provided to confirm training.

The facility provided the auditor with the following documentation:

- NIC Certificates for all facility based PREA investigators- 2

115.34 (b): Training document review and the interview with investigative staff who received training on sexual abuse investigations confirmed the training included the following topics:

- Techniques for interviewing sexual abuse victims.
- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection in confinement settings.
- The criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Allegations made through the grievance process are turned over to the SART for investigation and not processed through the regular grievance process.

An interview with the Agency OPS Investigator, when asked about the training for investigators stated that there is an investigator assigned to facilities. They attend, in addition to all GDC training, GBI (Georgia Bureau of Investigations) Mandate Training, and he thinks that course is 16 weeks in duration. Each region has an assigned Special Agent who attended all GDC Training and GBI Mandated Training.

Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The National Institute of Corrections (NIC) online training "PREA: Investigating Sexual Abuse in a Confinement Setting" includes the following topics:

1. Initial Response
2. Investigation
3. Determination of the findings

4. A Coordinated Response
5. Sexual Assault Response Team
6. A Systemic Approach
7. How Sexual Abuse Investigations Are Different
8. How Investigations in Confinement Settings Are Different
9. Criteria for Administrative Action
10. Criteria for Criminal Prosecution
11. Report Writing Requirements of an Administrative Report
12. Requirements for an Administrative Report
13. Requirements for a Criminal Report
14. The Importance of Accurate Reporting
15. Miranda and Garrity Requirement
16. Miranda Warning Considerations
17. Garrity Warning Considerations
18. The Importance of Miranda and Garrity Warnings
19. Medical and Mental Health Practitioner's Role in Investigations
20. PREA Standards for Forensic Medical Examinations

115.34 (c): Review of investigative staff training files for both investigators at Appling Integrated Treatment Facility confirmed the certification of completion for "Investigating Sexual Abuse in a Confinement Setting". The facility maintains documentation supporting the investigators have completed the required specialized training in conducting sexual abuse investigations.

The agency shall maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

The agency and facility provided the auditor with the NIC (National Institute of Corrections) certificates as documentation that the investigators have met all requirements of this specialized training to conduct sexual abuse investigations in confinement settings.

115.34 (d): For purposes of this audit, this auditor is not required to make a compliance determination for provision (d) of this standard.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.34 based upon documentation provided and interviews

	<p>conducted.</p> <p>Corrective Action: (None)</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.35:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Training Documentation - Medical and Mental Health Staff NIC Certificates (3) 4. Wellpath Training Documentation 5. SOP 507.04.91 Medical Management of Suspected Sexual Assault 6. SANE Log 7. SANE Nurse Call Roster 8. Procedure for SANE Evaluation Forensic Collection 9. SART Contract <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Mental Health <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.35 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 23), stipulates in part, all GDOC medical staff contracted through Well Path who have contact with confined persons will receive Specialized Training PREA Medical. Additionally, they are required to attend are required to attend annual PREA in-service training.</p> <p>In response to the PAQ the facility indicated it has five (5) medical and eleven (11) mental health contractors at the facility and 100 percent received required training. The interview with medical and mental health staff indicated they received specialized training as well as, attend annual training provided by the facility. Specialized training contains information on:</p> <p>The agency shall ensure that all full and part time medical and mental health care</p>

practitioners who work regularly in its facilities 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.
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The Pre-Audit Questionnaire documented the mental health and medical staff completing the required specialized training. Department of Corrections Policy, 208.6, Prison Rape Elimination Act, Sexually Abuse Behavior Prevention and Intervention Program, C. Training and Education, Paragraph 6, Specialized Training; Medical and Mental Health Care, requires the GDC medical and mental health staff and GCHG staff are trained using the National Institute of Corrections (NIC) Specialized Training PREA Medical and MH Standards curriculum. Certificates of Completion are required to be printed and maintained in the employee training file. Staff also must complete GDC's annual PREA in-service training.

The National Institute of Corrections (NIC) online training Specialized training: Medical and mental health care includes the following topics:

1. Detecting, Assessing, and Responding to Sexual Abuse and Harassment
2. Sexual Abuse in Confinement Settings
3. The Dynamics and Effects of Sexual Abuse
4. Your Role in Responding to Sexual Abuse Incidents
5. Preserving Physical Evidence of Sexual Abuse
6. Reporting Allegations and Suspicions
7. High-Risk Inmates
8. Effects of Sexual Abuse
9. Trauma and the Brain
10. Rape Trauma Syndrome
11. SART
12. Medical Screening
13. 115.21 Evidence protocol and forensic medical examinations
14. 115.35 Special training: Medical and mental health care

15. 115.61 Staff and agency reporting duties

16. 115.65 Mandates a Coordinated Response to Sexual Abuse Incidents

17. 115.81 Medical and mental health screenings; history of sexual abuse

18. 115.82 Access to emergency medical and mental health services

19. 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers.

GDC Policy 508.17 Identification of Offenders with a History of Physical or Sexual Abuse defines Specially Trained Counselor as any mental health counselor, or licensed clinical consultant (psychiatrist, Advanced Practice Registered Nurse (APRN), psychologist, social worker, counselor) who has successfully completed the Georgia Department of Corrections Sexual Assault Counseling Training Program or who has a comparable combination of training and experience approved by the Statewide Mental Health Program Supervisor/designee.

115.35 (b): The interview with medical staff confirmed they do not conduct forensic examinations. If there was a sexual assault at this facility, the medical staff at Appling Integrated Treatment Facility would perform a physical examination to determine the extent of the injuries. The forensic examination would be conducted by the GDOC contracted SANE on-site or at the local hospital emergency room depending upon the injuries the confined person incurred. The interviewee indicated medical staff is required to complete specialized training.

If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

The nurses at this facility do not conduct forensic examinations. The agency has contracts with Sexual Assault Nurse Examiners who would come to the facility to conduct the exam. The facility provided the list of SANEs, which documents the contact information for the SANEs. If an inmate required care beyond the scope of the Prison Medical Unit, the inmate will be transported to a local hospital where a medical doctor would conduct the sexual assault forensic exam.

115.35 (c): In responses to the PAQ, the facility reported it maintains documentation that medical and mental health practitioners have received specialized training. A review of training documentation confirmed medical and mental health complete position-specific training.

The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

115.35 (d): Medical staff receives new-hire training and annual in- service training as any other Appling Integrated Treatment Facility employee. Training includes recognizing signs and symptoms of sexual abuse, first responding as a non-uniformed staff, and how to report allegations of sexual abuse and sexual harassment, including

	<p>how and to whom to report and following up with written statements. Medical staff is trained in annual in-service training on how to respond to allegations and how to protect the evidence from being compromised or destroyed. A review of training files confirmed medical personnel, whether employee, contractor or volunteer acknowledge receiving training on Sexual Abuse and Sexual Harassment.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.35 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. PREA Risk Screening (Assessment and Reassessments) (40) 4. PREA Risk Screening for Interviewed Confined Persons Random and Targeted (25) 5. Confined person Files (14) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered 115.41:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff who conduct Risk Screening 4. Random Confined Persons (20) 5. Targeted Confined Persons (5) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <p>Observation of the Initial Intake PREA process during the on-site portion of the audit, observation of secured records room with posting of the list of staff allowed to access the area. Confined person's assessment and reassessment documents entered into SCRIBE.</p>

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.41 (a): Per Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 23-24), all confined persons are required to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other confined persons or sexually abusive toward other confined persons.

The interview with the staff member responsible for conducting risk assessments indicated they are conducted on all incoming confined persons. The interviews with Random Confined Persons (20) confirmed 100% received a risk assessment upon arrival to the facility or the day after.

The auditor was able to observe the intake process during the onsite portion of the audit. One new arrival was transferred to Appling ITF from Monroe County on October 4, 2023. Upon arrival the confined person was given the PREA pamphlet and the counselor discussed the information with the new arrival.

The new arrival was taken to the barber shop and received a haircut, and showered. The counselor met with the new arrival and completed the initial risk screening assessment in a private office.

115.41 (b): Per Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 23-24), stipulates risk screening will be conducted within 24 hours of arrival at the facility. The facility reported in its response to the PAQ that (303) confined persons were admitted to the facility for over 72-hours which equated to 100% of the population who received screening for sexual victimization or sexual abusiveness during the 12 months prior to the audit.

The interview with staff that conduct intake screening and risk assessments confirmed they are conducted within 24 hours of arrival to the facility.

The auditor interviewed random confined persons of which all twenty indicated they received a risk assessment either the day they arrived or the day after. The auditor reviewed fourteen (14) confined person files for those admitted to the facility within the past 12-months. All files had documentation supporting a risk assessment was completed. The agency utilized an electronic program, SCRIBE, to document risk assessments.

The facility provided twenty-five (25) initial assessments and reassessments for all confined persons random and targeted interviewed during the on-site audit for review; all were compliant with the standard.

The auditor has determined that the practice of conducting risk assessments within 24 hours has been institutionalized.

115.41 (c): The facility provided a copy of its PREA Screening Tool used to screen and assess risk levels of victimization and abusiveness in the PAQ. The auditor finds the screening tool to be an objective instrument that allows for staff to appropriately

assess risk levels. Risk levels for sexual victimization or sexual abusiveness is based on a scoring system determined from the answers provided by the confined person, thus, making it an objective instrument.

The auditor finds the facility in compliance with PREA Provision 115.41 (c) based upon interviews conducted and documentation provided.

(d): The facility provided a copy of its PREA Screening Tool used to screen and assess risk levels of victimization and abusiveness in the PAQ. The PREA Screening Tool considers the following information, consistent with the requirements of provision (d) of this standard confined person.

- Whether the confined person has a mental, physical, or developmental disability.
- The age of the confined person.
- The physical build of the confined person.
- Whether the confined person has previously been incarcerated.
- Whether the confined person's criminal history is exclusively non-violent.
- Whether the confined person has prior convictions for sex offenses against an adult or child.
- Whether the confined person is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.
- Whether the confined person has previously experienced sexual victimization.
- Whether the confined person is a former victim of institutional (prison or jail) rape or sexual assault.
- The confined person's own perception of vulnerability.

Interview with one staff member who conducts risk screening indicated GDOC has a standard PREA Victim/Sexual Aggressive Classification Screening Questionnaire with 14 questions and/or statements for confined persons that require a yes or no response that is utilized during intake of new or transferred confined persons.

There was one PREA intake risk screenings during the onsite visit for the auditor to observe. The facility's mission does not include detaining confined persons solely for civil immigration purposes.

115.41 (e): The facility provided a copy of its PREA Screening Tool used to screen and assess risk levels of victimization and abusiveness in the PAQ. The PREA Screening considers the following information, consistent with the requirements of provision (e) of this standard:

The PREA Screening Tool additionally asks the following questions:

- Whether the confined person has a past history of institutional (prison or jail)

sexually aggressive behavior?

- Whether the confined person has a history of sexual abuse/sexual assault towards others (adult and/or child)?
- Whether the confined person's current offense sexual abuse/sexual assault toward others (adult and/or child)?
- Whether the confined person has a prior conviction(s) for violent offenses?

An interview with staff responsible for conducting intake and risk screening verified the information on the screening tool and that these questions are asked of each new arrival.

115.41 (f): Per policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 21) in part states, "Confined persons whose risk screening indicates a risk for Victimization or abusiveness shall be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or harassment and also for all confined persons, within 30 days of arrival at the institution."

In response to the Pre-Audit Questionnaire:

The facility reported in the PAQ fifty (50) confined persons entered the facility within the past 12-months with lengths of stay in excess of 30 days and 100% were reassessed.

The interview with staff responsible for conducting risk assessments indicated confined persons are reassessed within 30 day of the initial assessment. Interviews with twenty (20) random confined persons confirmed reassessment are conducted within 30 days of the initial assessment.

The auditor reviewed documentation of twenty-five (25) PREA Risk Screenings from the SCRIBE database, and determined confined persons were reassessed no later than 30 days of arrival to the facility.

The auditor has determined that the practice of conducting reassessments for risks of sexual victimization or aggressiveness within 30 days of confined persons' arrival to the facility has been institutionalized.

115.41 (g): An inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Per policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually

Abusive Behavior Prevention and Intervention Program (p. 24) in part states, "Confined persons whose risk screening indicates a risk for Victimization or abusiveness shall be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or harassment and also for all confined persons, within 30 days of arrival at the institution."

The auditor interviewed staff responsible for conducting risk assessments who indicated reassessments are conducted a reassessment; including, when it is necessary due to a referral, request, incident of sexual abuse, or receipt of additional information which may have an impact on a confined person's risk of sexual victimization or abusiveness. The interviews with twenty (20) random confined persons confirmed they were reassessed within 30 days of arriving at the facility.

The auditor reviewed the PREA assessment tool which is also used for reassessments. There is no differentiation between the initial assessment and reassessment forms utilized in SCRIBE. There is no indication on the form to indicate the reason for the reassessment, be it, routine 30-day, due to a referral or request, an incident of sexual abuse or receipt of additional information which may affect a confined person's risk level. Counseling staff document the reasons in SCRIBE using Case Notes.

Documentation, interviews, and policy support the reasons for reassessments and therefore, the auditor finds the facility in compliance with PREA Provision.

115.41 (h): Inmates may not be 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.

Per policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 24) in part states, "If an confined person chooses not to respond to questions relating to his or her level of risk, he or she may not be disciplined." The auditor will recommend the facility amends its policy to include specific language related to this standard. Most notably that confined persons will not be disciplined for refusing to answer or for not disclosing completed information in response to the following questions:

- Whether or not the confined person has a mental, physical, or developmental disability.
- Whether or not the confined person is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.
- Whether or not the confined person has previously experienced sexual victimization.
- The confined person's own perception of vulnerability.

The auditor interviewed the staff member responsible for conducting risk assessments who indicated confined persons are not disciplined for not answering the questions, but are encouraged to answer honestly in an effort to keep the confined person safe.

115.41 (i): The agency shall implement 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.

	<p>Per policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 24) in part states, “If any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment, security, management, and classification decisions.</p> <p>Confined person’s files are securely stored in the admin records room. Posted outside is a list of staff members that have access to these files.</p> <p>The auditor interviewed the PREA Coordinator who stated each Superintendent determines who has access to the confined person’s risk assessment. Typically, the access will be granted to counselors, mental health professionals, and facility executive staff members. Although there is limited access to the details of the risk assessment, their overall score (victim, aggressor, both or neither) is available to all staff to ensure they have the necessary information to make housing, program and bed assignments. The interviews with the PCM and staff who conduct risk screening indicated there is limited access for privacy concerns.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.41 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Administrative Segregation, PN 209.06, (eff. 2/7/18) 4. PREA Screening Tools 5. Confined person Files (6) 6. Brochure, PREA Standards and Information Related to Transgender/Intersex Confined persons, SOP 220.09, Attachment 2, (eff. 7/26/19) 7. SOP 220.09 Classification and Management of Transgender and Intersex Offenders 8. Statewide Classification Committee (SCC) Referral Form, SOP 220.09, Attachment 2, (eff. 7/26/19) 9. SOP 209.06 Administrative Segregation 10. Intake Memo dated July 27, 2023

11. Assessment, Reassessment & 6 months Reassessment Transgender
12. Staffing Plan 2023

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (2)

1. PREA Compliance Manager
2. Staff who conduct Risk Screening
3. Transgender or Intersex (0)
4. Gay Confined Persons (3)

In order to decide compliance determination, the following observations were made during my on-site tour of the facility:

Observation of shower areas in the living units, the showers had curtains that provides confined person's privacy while showing.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.42 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 20) requires screening for risk of sexual victimization and abusiveness by conducted for all confined persons within 24 hours of arrival at the facility. Policy (p. 24-26) also states in part, "Information from this assessment will be used to determine classification decisions with the goal of keeping separate those confined persons at high risk of being sexually victimized from those at high risk of being sexually abusive. NOTE: The risk assessment should not hinder classification opportunities." Policy also indicates facilities are to designate a safe dorm(s) or safe beds for those confined persons identified as highly vulnerable to sexual abuse.

All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.

The facility's Classification Committee is a multi-disciplinary committee that is responsible for making bed, program, education, and work assignments considering the known information about each confined person, including information learned from PREA Sexual Victim/Sexual Aggressor Classification information.

GDC Policy 508.17 Identification of Offenders with a History of Physical or Sexual Abuse states the following procedures:

- During the initial screening procedure, offenders will be assessed for a history of victimization by physical, and/or sexual abuse.
- If an offender reports a positive history of abuse and is in need of mental health services, that offender will be referred to a specially trained counselor in the area of

abuse and informed of treatment options.

- If an offender reports a positive history but does not wish to receive services, the offender will be informed that they can make a request at a later date.
- It will be the responsibility of the Mental Health Unit manager to ensure there are a sufficient number of specially trained counselors in the area of physical and sexual abuse. In the absence of a specially trained counselor, a psychologist can provide individual therapy.
- It will be the responsibility of the Mental Health Unit manager to ensure there are ample mental health programs (e.g., group (s) for trauma victims that could be facilitated by mental health counselors privileged to conduct the group (s).

Mental health treatment programs include but not be limited to programs for those impacted by:

- o Childhood physical or sexual abuse
- o Battered spouses
- o Rape victims

Offenders at any time can request evaluation for treatment due to a history of abuse.

GDC Policy 508.17 Identification of Offenders with a History of Physical or Sexual Abuse defines Specially Trained Counselor as any mental health counselor, or licensed clinical consultant (psychiatrist, Advanced Practice Registered Nurse (APRN), psychologist, social worker, counselor) who has successfully completed the Georgia Department of Corrections Sexual Assault Counseling Training Program or who has a comparable combination of training and experience approved by the Statewide Mental Health Program Supervisor/designee.

Interviews with twenty-three (26) inmates, twenty (20) as random and six (6) were targeted. Most of the residents remember being ask the required questions related to PREA intake.

115.42 (b): Facilities are required by Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 13) to make individualized determinations about how to ensure the safety of each confined person. The policy (pp. 24-26) also requires that confined persons at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the confined person may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the confined person will have access to programs as described in GDOC SOP 209.06, Administrative Segregation which also provides for reassessments as well and the confined person will be kept in involuntary segregated

housing for protection only until a suitable and safe alternative is identified.

Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

The instrument, the Victim/Aggressor Classification Instrument, is administered by a counselor, within 24 - 72 hours of arrival at the facility. Information from the screening will be used to inform housing, be assignment, work, and education and program assignments. Policy requires that outcome of the screening is documented in SCRIBE.

GDC Policy 220.09 Classification and Management of Transgender and Intersex Offenders states that GDC will screen all offenders within 24 hours by using the PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument in SCRIBE. SCRIBE is the Department's electronic inmate information management system.

Interviewed staff that performs screening for risk of victimization and abusiveness indicated that all inmates are screened for risk of sexual abuse victimization and sexual abusiveness upon arrival but always within 72 hours. Staff that performs risk assessments indicated the agency/facility uses information from screening to make informed decisions on housing, bed, work, education and program assignments with the goal of keeping those at high risk of being sexually victimized from those at high risk of being sexually abusive.

115.42 (c): GDOC Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 24-26) is a verbatim representation of provision (c). Specifically, paragraph six of the policy states in part, "In deciding whether to assign a transgender or intersex confined person to a male or female facility and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the confined person's health and safety, and whether the placement would present management or security problems." GDOC completes a Statewide Classification Committee Referral Form for all transgender and intersex confined persons to determine housing recommendations. Input is given by GDOC's PREA coordinator, medical director, mental health director, facilities director, and the assistant commissioner.

Assessments are conducted using an objective screening instrument.

Georgia Department of Corrections Policy requires it facilities to use the Victim/Aggressor Classification Instrument as the agency's objective screening instrument.

The interview with the PREA Compliance Manager confirmed the facility takes into consideration on a case-by-case basis whether a confined person's placement at the facility would ensure his or her health and safety and whether management or security concerns would arise as a result of the placement.

115.42 (d): Facilities are required by GDOC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 24-26) to reassess placement and programming assignments for each transgender or intersex confined person no less than every six months to review any threats to sexual safety

of the confined person. Transgender and intersex confined persons are given a brochure that details placement and programming assignments will be reassessed at least twice each year to review any threats to safety they may have experienced.

During the on-site portion of the audit, there was no confined person that identified as transgender or intersex.

The facility did house a transgender that was released prior to the audit; the auditor verified that the initial assessment, reassessment and the six months assessment was completed timely.

The interviews with the PREA Compliance Manager and staff who conduct risk assessments confirmed transgender and intersex confined persons are reassessed every six months and as needed.

The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

- Whether the inmate has a mental, physical, or developmental disability.
- The age of the inmate.
- The physical build of the inmate.
- Whether the inmate has previously been incarcerated.
- Whether the inmate's criminal history is exclusively nonviolent.
- Whether the inmate has previously experienced sexual victimization.
- Whether the inmate has prior convictions for sex offenses against an adult or child.
- Whether the inmate is detained solely for civil immigration purposes?
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- Whether the inmate has previously experienced sexual victimization.
- Whether the inmate's own perception of vulnerability.

The Offender PREA Classification Details considers the following factors:

1. Offender has a conviction (s) for sex offense against adult and/or child.
2. Offender has a criminal history that is exclusively non-violent.
3. Offender has a developmental disability/mental illness/physical disability.
4. Offender has a history of prior sexual victimization.
5. Offender is 25 years old or younger or 60 years or older.

6. Offender is a former victim of institutional rape or sexual assault.
7. Offender is perceived to be gay/lesbian/bisexual/transgender/intersex or gender non- conforming.
8. Offender is small in physical stature.
9. Offender's first incarceration.
10. Offender's own perception is that of being vulnerable.
11. The age of the inmates.
12. The inmate's own perception of vulnerability; and.

If question #1 is answered yes, the offender will be classified as a Victim regardless of the other questions. This generates the PREA Victim icon on the SCRIBE Offender Page. If three or more of questions (2-10) are checked, the offender will be classified as a Potential Victim. This will generate the PREA Potential Victim icon on the SCRIBE offender page.

The Offender PREA Classification Details considers the following Sexual Aggressor Factors:

1. Offender has a past history of institutional (prison or jail) sexually aggressive behavior.
2. Offender has a history of sexual abuse or sexual assault toward others (adult or child).
3. Offender's current offense is sexual abuse/sexual assault towards others (adult or child).
4. Offender has a prior conviction (s) for violent offenses.

If questions #1 is answered yes, the inmate will be classified as a Sexual Aggressor regardless of the other questions. This will generate the PREA Aggressor icon on the SCRIBE Offender page. If two or more of questions (2-4) are checked, the offender will be classified as a Potential Aggressor. This will generate the PREA Potential Aggressor icon on the SCRIBE Offender page.

Georgia Department of Corrections Policy 208.6, Attachment 4 states in situations where the instrument classifies the offender as both Victim and Aggressor counselors are instructed to thoroughly review the offender's history to determine which rating will drive the offender's housing, programming, etc. This process is required to be documented in the offender SCRIBE case notes, with an alert note indicating which the controlling rating.

The screening process also considers whether the inmate is detained solely for civil immigration purposes, as well as physical appearance, demeanor, special situations or special needs, social inadequacy and developmental disabilities.

The Victim/Aggressor Classification Ratings are determining as follows: Sexual Victim Factor Rating:

Male Inmates - If three (3) or more of questions #2-10 are checked, the offender will be classified as a potential victim. This will generate the PREA Potential Victim icon on the SCRIBE Offender page.

Female Inmates - If five (5) or more of questions #2-10 are checked, the offender will be classified as a potential victim. This will generate the PREA Potential Victim icon on the SCRIBE Offender page.

Sexual Aggressor Factor Rating:

If question #1 is answered yes, the offender will be classified as a Known Aggressor regardless of the other questions. This will generate the PREA Aggressor icon on the SCRIBE Offender page.

If two (2) or more of question #2-4 are checked, the offender will be classified as a Potential Aggressor. This will generate the PREA Potential Aggressor icon on the SCRIBE Offender page.

Interviewed staff that perform screening for risk of victimization and abusiveness was asked what the initial risk screening considers. Staff indicated that the initial screenings consider an inmate's age, mental health level, physical build, perceived sexual orientation, and nature of offense, history of sexual victimization, perception of vulnerability, criminal history and institutional conduct.

115.42 (e): Staff account for intake screening information pertaining to a confined person's own perception of vulnerability in making program decisions. Transgender and intersex confined persons are given a brochure that details their own views with respect to their own safety will be given serious consideration and staff will listen to them and take their concerns seriously.

The interviews with the PREA Compliance Manager and risk screening staff both confirmed transgender or intersex confined persons' views of his or her safety are given serious consideration in placement and programming assignments.

115.42 (f): Applying Integrated Treatment Facility allows for transgender and intersex confined persons the opportunity to shower separately from other confined persons. Observation of the facility restroom areas confirmed individual showers have curtains allowing for complete privacy for all confined persons.

The interviews with the PREA Compliance Manager and risk screening staff both confirmed transgender and intersex confined persons are afforded the opportunity to shower separately from other confined persons, transgender confined persons are allowed to shower in the intake area.

115.42 (g): The Georgia Department of Corrections is not under a consent decree, legal settlement, or legal judgment requiring it establish a dedicated wing to house lesbian, bi-sexual, gay, transgender or intersex (LBGTI) confined persons for their

	<p>protection.</p> <p>The interview with the PREA Coordinator confirmed GDOC is prohibited from establishing dedicated facilities or housing units for LGBTI confined persons and the GDOC PREA unit, through site visits, ensures its facilities are not housing LGBTI confined persons in dedicated housing units or beds. During interview with the PREA Compliance Manager she confirmed Applying Integrated Treatment Facility is not under consent decree, legal settlement, or legal judgment requiring it establish a dedicated wing to house LGBTI confined persons for their protection.</p> <p>There was no confined person identifying as transgender or intersex at the facility for the auditor to interview.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.42 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.43:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Staff who supervise Confined persons in Segregated Housing (0) 4. Confined Persons in Segregated Housing (0) <p>In order to decide compliance determination, the following observations were made during on-site tour of the facility:</p>

Observation of Administrative Segregated, the auditor observed location of the surveillance system, audit notices were posted in this area. There were no confined persons housed in Segregation during the on-site portion of the audit.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.43 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 25) requires confined persons at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the confined person may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the confined person will have access to programs as described in GDOC SOP 209.06, Administrative Segregation, which also provides for reassessments. Confined persons will be kept in involuntary segregated housing for protection only until a suitable and safe alternative is identified.

In response to the PAQ, the facility reported in the past 12 months there were zero (0) confined persons at risk of sexual victimization held in involuntary segregated housing for one to 24 hours awaiting completion of an assessment assigned to segregated housing.

115.43 (b): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 25) addresses provision (b) in its entirety. In instances where confined persons are placed in segregated housing to protect him or her from victimization the facility is required to allow access to programming, privileges, education and work opportunities. If access is limited, the facility will document the following:

- The opportunities that have been limited.
- The duration of the limitation; and.
- The reasons for such limitations.

During the facility tour the auditor observed the segregated housing units. Informal interviews with staff confirmed confined persons are not restricted from out of cell activities. No confined persons were in segregated housing during the on-site visit to interview

115.43 (c): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 25) in part states, "The facility shall assign such confined persons to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days."

In response to the PAQ, the facility reported in the past 12 months there was no

	<p>confined persons at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.</p> <p>There were no staff assigned to or confined persons in segregated housing while the auditor was onsite.</p> <p>115.43 (d): In response to the PAQ, the facility indicated there have been no confined person involuntary segregation placements during the last 12 months.</p> <p>115.43 (e): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 25) in part states, "Every 30 days, the facility shall afford each such confined person a review to determine whether there is a continuing need for separation from the general population."</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.43 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.51	Inmate reporting
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.51:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Training Records of Investigative Staff 4. PREA Brochures English and Spanish 5. Dialing Instructions English and Spanish 6. Posted PREA Signage English and Spanish 7. Confined Persons Handbook, English and Spanish <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Staff (12) 3. Random Confined Persons (20) 4. Targeted Confined Persons (6)

In order to decide compliance determination, the following observations were made during my on-site tour of the facility:

Observations of Reporting Mechanisms - PREA Posters were posted throughout the facility, Confined person Handbooks were reviewed by the auditor on-site, PREA Brochures are given to new arrivals during intake, Mail Process was discussed in detail with the Warehouse Supply Clerk, and Hotline dialing instructions are posted next to confined person's phones.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.51 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (pp. 26-27) allows for confined persons to make a report of sexual abuse and sexual harassment, and retaliation through the following means: in writing, verbally, or through available internal or external methods. External methods include Third Party reporting to the Ombudsman's Office, email to the agency PREA Coordinator and written correspondence to the Georgia State Board of Pardons and Paroles Office. Policy addresses the use of the PREA Hotline as a mechanism for reporting sexual abuse or harassment. The auditor tested the PREA Hotline from various phones and found it easy to connect. The auditor received confirmation of receipt via email from the PREA Unit as receiving the call.

Reporting method can be found in the Detainee Handbook on page 15, the information provided as follows:

The Prison Rape Elimination Act (PREA) of 2003 federal law established to support the elimination and prevention of sexual/assault/sexual misconduct in correctional systems. PREA addresses both inmate-to-inmate sexual assault and staff-to-inmate assault. The Georgia Department of Corrections fully supports the guidelines set forth in this law and remains committed to a ZERO TOLERANCE policy against sexual violence.

Despite your best efforts, you could still end up a victim. If you are a victim of sexual assault or any kind of sexual coercion, your best defense is to report the incident to any staff member as quickly as possible. If you are unwilling to report sexual assault to institution staff, you may pick up the handset on the telephone and select your language, 1 for English & 2 for Spanish. You will then press (8) and when prompt, dial PREA (7732). You will have one (1) minute to record your message on the Department of Corrections Sexual Assault Hotline. This line will be checked every business day.

By making the call, you are not only accessing the treatment necessary to deal with the numerous consequences of being victimized, but you are also doing your part to prevent the perpetrator from victimizing others. You can be assured that the information will be received in a confidential manner.

Detainees are strictly prohibited from any type of sexual activity and are subject to disciplinary action and may be subject to criminal prosecution.

Inmate on Inmate Sexual Assault

This is one or more inmate(s) engaging in or attempting to engage in a sexual act with another inmate, or the use of threats, intimidation, inappropriate touching or other actions or communications by one or more inmates aimed at coercing and/or pressuring another inmate to engage in a sexual act.

Staff on Inmate/ Probationer Sexual Assault

Includes seeking or attempting to engage in a sexual act with any inmate or probationer or the intentional touching of the inmate/ probationer's genitalia, anus, groin, breast, inner thigh or buttocks with the intent to abuse, humiliate, harass, degrade, arouse or gratify the sexual desire of another person. In this definition, staff includes contractors, representatives or volunteers of the Department of Corrections. It also includes staff from other federal, state or local jurisdiction.

Sexual misconduct also includes any solicitation of sexual activity through promises of favors. It also includes threatening an inmate for refusing sexual advances.

Sexual misconduct also includes invasion of privacy beyond the necessary for safety and security. It includes disrespectful, unduly familiar or threatening sexual comments made to inmates/probationers.

Any indication or notification of sexual activity between, a GDC staff member and an offender will be completely and swiftly investigated.

During any time of the day or night there may be male and/or female staff or visitors present in your living unit.

To report a sexual assault:

1. Pick up the handset
2. Select a language (Press 1 for English or 2 for Spanish)
3. Press 8 for Prison Rape Elimination Act Mailbox
4. When prompted for the telephone number you are calling, dial 7732.
5. After hearing the Prison Rape Elimination Act mailbox prompt, you will have 1 minuet to record your message.

Calls to the Prison Rape Elimination Act reporting line are anonymous.

These dialing instructions are post next to phones.

Give the alleged victim and alleged perpetrator's full name and GDC number. Tell us what facility you are calling from and give as much detail as possible including time, location and date of incident. When you pick up the phone you will hear "Your call is being connected. "Thank you for calling MCI; please leave a message after the tone". You can also report allegations to a staff member or write the statement PREA

coordinator or the Ombudsman. This information is in the Sexual Assault Phone.

Remember if you are a victim of sexual assault- do not remove your clothes, do not wash, do not use the bathroom, shower or brush your teeth before a staff member has collected your evidence. Directions of what you should do if you are a victim are noted.

The interviews with random staff confirmed one hundred percent knew of the multiple ways for confined persons to privately report sexual abuse and sexual harassment, retaliation by other confined persons or staff for reporting sexual abuse and sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to such incidents. In addition to the above, they indicated confined persons could report via a third-party, written or verbal. The interviews with a random sample of confined persons confirmed one hundred percent knew of various ways to report sexual abuse or sexual harassment (verbal or written reports to staff, PREA Hotline calls, friends or family). The auditor observed PREA reporting materials prominently posted throughout the facility.

There is one mail room which is a highly restricted area. There is an administrative staff member assigned to this area and no offenders are allowed in the mail room.

All confined persons have access to mail that allows them to report sexual abuse and sexual harassment. Confined persons hand delivers letters to the mail room when the windows are open. Mail is sealed by the confined person himself in view of staff, with the exception of suspicious mail. Staff doesn't not open outgoing mail, however, all incoming mail, is opened by mail room staff, with the exception of legal mail; what must be opened in front of the confined person by mail room staff to ensure there is no inappropriate information or contraband.

In-coming mail is received at the facility Monday through Friday and delivered to confined persons. The confined persons can purchase stamps per month for the commissary. The complete Administrative Mail Procedure can be found in the Detainee Handbook.

Confined persons that are indigent are giving (3) stamps for personal mail and (5) stamps for legal mail weekly.

115.51 (b): In response to the PAQ, the facility provided documentation, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (pp. 26 - 27) which discusses multiple avenues for confined person reporting. Included is the 24/7 availability of the toll-free and anonymous if desired, PREA Hotline to report allegations of sexual abuse and sexual harassment to an entity outside of the GDOC. Confined persons may also make written reports to the Georgia Office of Pardons and Paroles. Appling Integrated Treatment Facility does not detain confined persons solely for civil immigration purposes.

The interview with the PREA Compliance Manager confirmed confined persons have multiple ways of reporting sexual abuse or sexual harassment to a public or private entity as noted in the confined person handbook. Confined persons may report to the

	<p>Governor’s Ombudsman’s Office who is not part of the GDOC. Those reports would be forwarded to the Office of Professional Standards who would in turn report to the Superintendent. This method does allow the reporter to remain anonymous.</p> <p>The interviews with random confined persons and informal interviews of confined persons confirmed all knew of the different reporting avenues and they could report without giving their name. During the site review, the auditor observed confined persons on the facility phones in unit day rooms with nearby area Zero-Tolerance posters containing contact information for reporting.</p> <p>115.51 (c): Per Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 27) staff members are to verbal and written reports and those from a third parties and promptly document any verbal reports. Staff are to forward all reports or suspicions of sexual abuse or sexual harassment to their immediate supervisor or the designated SART member promptly.</p> <p>The interviews with random staff confirmed they accept third party, written and verbal reports of allegations of sexual abuse and sexual harassment and act upon the reports immediately. Staff also indicated verbal reports are documented in writing immediately. The interviews with random confined persons confirmed all twenty (20) were aware they could make a report of sexual abuse or sexual harassment via a third party, verbally or in writing. In response to the PAQ, the facility reported staff document verbal reports "immediately."</p> <p>115.51 (d): The interviews with random staff confirmed multiple methods for privately reporting sexual abuse and sexual harassment of confined persons. Staff indicated they could report to their supervisors or any upper level staff in a private office or area free of other staff or confined persons and written or verbal reports to the Ombudsman’s Office. Staff indicated they can report verbally, via email, telephone or, using the grievance box system.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.51 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	In order to decide compliance determination for this standard, the following policies

and other documentation were reviewed for standard 115.52:

1. Applying Integrated Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)
3. Statewide Grievance Procedure, PN 227.02, (eff. 5/10/19)
4. Applying Integrated Treatment Facility Confined person Handbook
5. Staff Grievance Training

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff: (1)

1. PREA Coordinator
2. Targeted Confined persons who Reported a Sexual Abuse (0)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.52 (a): An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.

GDC Policy explains the agency and facility grievance process. Upon entering the GDC, each offender is required to receive an oral explanation of the grievance procedure and receive a copy of the Inmate Handbook, which includes instructions about the procedure.

GDC Policy, 227.02, Statewide Grievance Process, specifies the areas where grievance forms may be accessed. It affirms that offenders are not prohibited from assisting other offenders from filling out any forms related to the process. Policy provides that an offender may file a grievance on behalf of another inmate if the allegation involves sexual abuse. The policy and local operating procedures allow another inmate to file a grievance on behalf of another inmate.

The following procedures pertain to reporting allegations of sexual abuse or sexual harassment via the grievance process:

1. Page 5 of the Statewide Grievance Policy, Paragraph 4. Asserts that the offender is not required to attempt an informal resolution before filing a grievance.
2. Inmate may submit the grievance without having to submit it to the staff that is the subject of the complaint.
3. Inmates may seek assistance from third parties and parties can file grievances on behalf of the inmate.
4. If a third-party files a request on behalf of an inmate, the victim must agree to have the request filed.
5. If the inmate declines to have the request processed on his behalf, GDC will

document the inmate's decision as part of the SART or Internal Investigation report.

Staff will assist offenders who need special help (because of such things as language barriers, illiteracy, or physical or mental disability) filling out the grievance forms if requested by the inmate.

Interviewed Staff (Agency/Regional): An interview with the assistant PREA coordinator confirmed that the agency has an administrative grievance policy. He indicated that inmates are allowed to submit a PREA related incident through the grievance process. If this were to occur the grievance coordinator will submit the PREA grievance directly to investigations. The assistant PREA coordinator also confirmed that the agency policy 208.6 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program states, "Offender Grievances: allegations of sexual abuse and sexual harassment are not grievable issues. They should be reported in accordance with methods outlined in this policy."

115.52 (b): The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.

- The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.
- The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
- Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that applicable statute of limitations has expired.

Interviewed Staff (Agency/Regional): An interview with the assistant PREA coordinator confirmed that the agency does not impose a time limit on when an inmate can submit a grievance regarding an allegation of sexual abuse or require inmates to attempt to resolve with staff. The assistant PREA coordinator also confirmed that the agency policy 208.6 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program states, "Offender Grievances: allegations of sexual abuse and sexual harassment are not grievable issues. They should be reported in accordance with methods outlined in this policy."

It was indicated that GDC had a policy that sexual abuse allegations were not grievable in order to make sure inmates reported to staff or some other manner that would get speedier response. Staff would accept the report verbally or written on a grievance but all-time frames and other grievance criteria were not applicable to PREA related grievances. The allegation is reported immediately.

The PREA Unit has a process in place call "PREA Coordinator Investigation's Overview" which included the following information:

- o SART Investigator Summary
- o PREA Compliance Manager Comments

o PREA Coordinator Comments

o PREA Case Closed Details

115.52 (c):The agency shall ensure that:

- An inmate who alleges sexual abuse may submit a grievance with without submitting it to a staff member who is the subject of the compliant, and
- Such grievance is not referred to a staff member who is the subject of the compliant.

Inmates could file a grievance to report sexual abuse or sexual harassment by calling the PREA Hotline or emailing the GDC PREA Unit on their tablet or on the KIOSK.

An interview with the PREA coordinator confirmed that the agency ensures that inmates who allege sexual abuse can submit a grievance without submitting it to a staff by dropping it in the medical box or the outgoing mail box.

It was indicated that GDC had a policy that sexual abuse allegations were not grievable in order to make sure inmates reported to staff or some other manner that would get speedier response. Staff would accept the report verbally or written on a grievance but all-time frames and other grievance criteria were not applicable to PREA related grievances. The allegation is reported immediately.

115.52 (d): The agency shall 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 shall not include time consumed by inmates in preparing any administrative appeal.
- The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made.
- 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, the inmate may consider the absence of a response to be a denial at that level.

Interviewed Staff (Agency/Regional): An interview with the assistant PREA coordinator confirmed that the agency issues final decision on the merits of any portion of a grievance alleging sexual abuse. However, all PREA related incidents are sent directly to investigations to begin the investigation process within 24 hours.

It was indicated that GDC had a policy that sexual abuse allegations were not grievable in order to make sure inmates reported to staff or some other manner that would get speedier response. Staff would accept the report verbally or written on a grievance but all-time frames and other grievance criteria were not applicable to

PREA related grievances. The allegation is reported immediately.

115.52 (e): (1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. (2) 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. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

- Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.
- If a third-party files such a request on behalf on 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.

If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

An interview with the PREA coordinator confirmed that third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates are permitted to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse and also are permitted to file such requests on behalf of inmates. All processes are documented.

It was indicated that GDC had a policy that sexual abuse allegations were not grievable in order to make sure inmates reported to staff or some other manner that would get speedier response. Staff would accept the report verbally or written on a grievance but all-time frames and other grievance criteria were not applicable to PREA related grievances. The allegation is reported immediately.

115.52 (f): (1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

- The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

An interview with the PREA coordinator confirmed that the agency does not impose a time limit on when an inmate can submit a grievance regarding an allegation of sexual abuse or require inmates to attempt to resolve with staff. The assistant PREA coordinator also confirmed that the agency policy 208.6 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program states, “Offender Grievances: allegations of sexual abuse and sexual harassment are not grievable issues. They should be reported in accordance with methods outlined in this policy.”

It was indicated that GDC had a policy that sexual abuse allegations were not grievable in order to make sure inmates reported to staff or some other manner that would get speedier response. Staff would accept the report verbally or written on a grievance but all-time frames and other grievance criteria were not applicable to PREA related grievances. The allegation is reported immediately.

In situations where an inmate uses the grievance process to report an allegation of sexual abuse, the department does not require the inmate to attempt to resolve the incident informally before filing a grievance the offender must be given a written response to the emergency grievance within 5 calendar days.

115.52 (g): The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmates filed the grievance in bad faith.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.52 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.53:

1. Applying Integrated Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)
3. Policy 222.06 Consular Notification
4. Consular Notification Facsimile Form
5. Offender's Decision Concerning Optional Consular Notification
6. Confined person Handbook, English and Spanish
7. PREA Brochures, English and Spanish
8. Dialing Instructions PREA Line English and Spanish
9. Consular Information
10. Confined Person Training Power Point

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

1. Random Confined Persons (20)
2. Confined persons who Reported a Sexual Abuse (0)

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.53:

1. Applying Integrated Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)
3. Policy 222.06 Consular Notification
4. Consular Notification Facsimile Form
5. Offender's Decision Concerning Optional Consular Notification
6. Confined person Handbook, English and Spanish
7. PREA Brochures, English and Spanish
8. Dialing Instructions PREA Line English and Spanish
9. Consular Information
10. Confined Person Training Power Point

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

1. Random Confined Persons (20)

2. Confined persons who Reported a Sexual Abuse (0)

In order to decide compliance determination, the following observations were made during the on-site tour of the facility:

Posted Documents: Brochures, PREA Posters in English and Spanish throughout the facility, Dialing Instructions posted by phones in living units in English and Spanish, informally interviewed random confined persons.

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.53 (a): Policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 17) discusses the requirements for allowing confined person access to emotional support services, including those within the community. The facility utilizes various means to communicate the availability of emotional support services with the confined persons. The facility provides confined persons with access to outside victim advocates for emotional support services related to sexual abuse by providing all confined persons with an informational guide (as part of the confined person handbook) and brochures describing available emotional support organizations for victims of sexual abuse. The confined person handbook contains information titled, "Break the Silence of Abuse". Additionally, a dual-language confined person education and awareness brochure is given to confined persons upon arrival to the facility.

During the facility tour, the auditor observed prominently displayed posters containing the number and dialing instructions to call the PREA Unit Hotline if need be. Informal interviews with confined persons confirmed were aware of the posters and they knew how to contact the PREA Unit.

There was no confined person who reported a sexual abuse to interview.

Day-room telephones are monitored but confined persons do not have to give their name or provide any PIN number. Day-room telephones were in use during the site review indicating they were operational.

Dialing instructions can also be found in the Detainee Handbook on page 15: To report a sexual assault:

1. Pick up the handset
2. Select a language (Press 1 for English or 2 for Spanish)
3. Press 8 for Prison Rape Elimination Act Mailbox
4. When prompted for the telephone number you are calling, dial 7732.
5. After hearing the Prison Rape Elimination Act mailbox prompt, you will have 1 minuet to record your message.

Calls to the Prison Rape Elimination Act reporting line are anonymous.

Interviewed confined persons twenty-six (26) inmates were interviewed, twenty (20) as random and six (6) were targeted. Many of the inmates stated that they do not have worry about sexual abuse at this facility. All of the inmates seemed very well educated regarding PREA and the protocols for confidentially that came with reporting to staff or leadership. Inmates were able to articulate that the PREA phones on the living units work and that there is full access to the outside hotline. All inmates knew that the services are free.

Interviewed confined persons twenty-six (26) inmates were interviewed; twenty (20) as random and six (6) were targeted. Inmates were asked if the facility allows them to see and talk with their parents or someone else. All inmates reported that they were able to contact their parents/family via the tablet if their parents/family has capability.

Interviewed confined persons twenty-six (26) inmates were interviewed; twenty (20) as random and six (6) were targeted. Inmates were asked if the facility allows them to talk with their lawyer or another lawyer and if they would be allowed to talk with that person privately. Most of the inmates reported that they did not have a lawyer.

115.53 (b): The facility enables reasonable communication between confined persons and emotional support organizations and agencies in as confidential manner as possible by providing access to outside victim advocates via toll-free telephone numbers and addresses. The Outside Resources - PREA Information and Resources section (p. 38) of the confined person handbook indicates communication between an advocate and victim is confidential. Confined persons are given a copy of the handbook, during intake processing, which contains information on PREA and how to report providing a hotline number and dialing instructions. The auditor will recommend inclusion of the facility's responsibility regarding mandatory reporting laws.

115.53 (c): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 15) requires the facility's PREA Compliance Manager to attempt to enter into an agreement or Memorandum of Understanding (MOU) with an outside advocate services to provide victim advocacy services to confined persons alleging sexual abuse or sexual harassment.

In response to the PAQ, the facility has made attempts to enter into a MOU with Safety Harbor Crisis Centers; to provide advocate services for male confined persons that are victims of sexual assault. However, Safety Harbor has not responded to the facility's request for services.

Applying Integrated Treatment Facility has a MOU with the Safety Harbor to respond to requests to provide services for incarcerated victims during the forensic medical examination process and investigatory interviews; maintain confidentiality as required by state and federal laws pursuant to Georgia Code Title 24 Evidence 24-5-509 and the requirements.

Mental Health Services are not provided at the facility for any emergency mental health needs of the confined person victim. Mental health services are provided at on-

	<p>site with proper consent and without disclosing anything beyond immediate concern; provide training on trauma informed responses to sexual abuse and sexual harassment.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.52 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.53:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Policy 222.06 Consular Notification 4. Consular Notification Facsimile Form 5. Offender’s Decision Concerning Optional Consular Notification 6. Confined person Handbook, English and Spanish 7. PREA Brochures, English and Spanish 8. Dialing Instructions PREA Line English and Spanish 9. Consular Information 10. Confined Person Training Power Point <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ol style="list-style-type: none"> 1. Random Confined Persons (20) 2. Confined persons who reported a Sexual Abuse (0) <p>In order to decide compliance determination, the following observations were made during the on-site tour of the facility:</p> <p>During the facility tour, the auditor observed prominently displayed posters containing the number and dialing instructions to call the PREA Unit Hotline if need be. Informal interviews with confined persons confirmed were aware of the posters and they knew how to contact the PREA Unit.</p> <p>The following describes how the evidence above was used to draw the conclusion</p>

regarding compliance (By Provision):

115.54 (a): GDOC's policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 26-27) references Third Party Reporting. Third party reporting may be made to Ombudsman's Office, by email to the agency PREA Coordinator, and via written correspondence to the State Board of Pardons and Paroles, Office of Victim Services and the GDOC Office of Professional Standards, PREA Unit. Information on how to report sexual abuse and sexual harassment on behalf of a confined person can be found at <http://www.GDOC.ga.gov/>. The auditor reviewed the website and found third party reporting information is made publicly available on the agency website. Reports may be made via the "Report Sexual Abuse and Sexual Harassment link. The website advises the viewer that GDOC investigates all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. In response to the PAQ, the facility indicated it accepts all reports regardless of how they are received, i.e., written, verbal or third party. All third-party reports are processed as any other allegation.

The Department's Website contains a section entitled: "How do I report sexual abuse or sexual harassment?" These are provided as ways to make third-party reports. Call the PREA Confidential Reporting Line (1-888-992-7849); email PREA.report@gdc.gov; Send correspondence to the Georgia DOC, Office of Professional Standards/PREA Unit; contact the Ombudsman and Inmate Affairs Office (numbers and email provided and Contract the Office of Victim Services (phone number and email address provided) Anyone wishing to make a report can do so anonymously, there is a request that as much detail as possible be provided. The agency has a TIP Line accessible to third parties. Others, including family member, friends, and other inmates, may make a report for an inmate.

The auditor reviewed the Georgia Department of Corrections website. The following information was provided for reporting sexual abuse or harassment.

The GDC investigates all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. To make a report:

1. You can call the PREA Confidential Reporting Line at: 1-888-992-7849. Call to this toll-free number are recorded. Messages are checked Monday through Friday between 8 am - 5 pm by staff of the PREA Unit.
2. You can also send an email to: PREA.report@gdc.ga.gov (<mailto:PREA.report@gdc.ga.gov>).
3. You can send correspondence to:
Georgia Department of Corrections
Attn: Office of Professional Standards/PREA Unit 300 Patrol Rd.
Forsyth, Ga. 31029
4. You can contact the Ombudsman & Inmate Affairs Office at (478) 992-5358 or by email at Ombudsman@gdc.ga.gov (<mailto:Ombudsman@gdc.ga.gov>)
5. You can contact the Pardons and Pardon Victim Services office at (404) 651-6668 or toll free at 1-800-593-9474 or by email at VictimServices@pap.ga.gov (<mailto:VictimServices@pap.ga.gov>)

	<p>6. You don't have to give your name, but it is critical that you provide as many details as possible.</p> <p>This includes:</p> <ol style="list-style-type: none"> 1. The name (s) and locations of all persons involved. 2. The Offender GDC Number 3. A brief description of the incident (s). 4. A brief description of where the event (s) occurred. 5. The date (s), time, and place of occurrences (s) 6. Your contact phone number and address (optional) <p>In an Interview with the Criminal Investigations Division, he was asked how the Department handles anonymous or third-party reports of sexual abuse or sexual harassment? He was also asked if they are investigated differently? Staff indicated that all reports of sexual abuse or harassment are handled the same. If a victim is identified, an immediate interview will occur if the allegations concern violence or injury.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.54 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.61:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Investigative Report of Sexual Abuse Allegation Form 4. GDOC Employee Standards of Conduct 5. Staff PREA Education Acknowledgment Statement 6. GDOC Commissioner's Statement Prohibiting Unlawful Harassment (Including Sexual Harassment) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p>

Specialized Staff (5)

1. Superintendent
2. PREA Compliance Manager
3. PREA Coordinator
4. Medical Staff
5. Facility Investigator
6. Random Staff (12)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.61 (a): In response to the PAQ, staff reported the agency requires all staff to immediately report any knowledge, suspicion, or information they received regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not is part of the agency; retaliation against confined persons or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Department of Corrections policy requires staff that witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, must report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct. The highest-ranking supervisor on duty who receives a report of sexual assault or sexual harassment, is required to report it to the appointing authority or his/her designee immediately. The supervisor in charge is required to report it to notify the PREA compliance manager and/or SART leader as designated by the Local Procedure Directive.

Appointing authorities or his/her designee may make an initial inquiry to determine if a report of sexual assault, sexual harassment, is a rumor or an allegation. Allegations of sexual assault and sexual harassment are major incidents and are required to be reported in compliance with policy.

Once reported, an evaluation by the SART leader/team of whether a full response protocol is needed will be made. Appointing authorities or designee (s) are required to report all allegations of sexual assault with penetration to the Office of Professional Standards (OPS) Special Agent In-Charge and the Department's PREA coordinator immediately upon receipt of the allegation. OPS will determine the appropriate response. Staff, failing to comply with the reporting requirements of DOC Policy, may be banned from prisons or will be subject to disciplinary action, up to and including termination.

One hundred percent of the random staff interviews confirmed all staff knew of their requirements for reporting instances or allegations of sexual abuse, retaliation, or staff neglect. All staff was adamant they would not hesitate to report to their supervisor. The auditor's review of two investigations, one administrative and one possibly criminal in nature and found both were reported timely. Policy, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program (p.

27) directs staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, to report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct.

115.61 (b): Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program requires staff not to disclose any information concerning sexual assault, sexual harassment, or sexual misconduct of a confined person, including the names of alleged victims or perpetrators, except to report the information as required by this policy or the law, or to discuss such information as a necessary part of performing their job. Staff members who fail to comply with the reporting provisions of this policy may be banned from correctional facilities, or will be subject to disciplinary action, up to and including termination, whichever is applicable. The interviews with random staff confirmed they would disclose any information they knew of or heard of to their immediate supervisors and would not discuss with other staff members.

115.61 (c): All GDOC employees, contractors and volunteers are to sign a PREA Acknowledgement Statement indicating they have a duty to report to a nearby supervisor if they witness a PREA incident or someone reports to them any PREA related incident or information. This includes medical and health practitioners.

Interviewed medical staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor of official immediately upon learning. When asked, if they had ever become aware of alleged sexual abuse incidents, staff indicated, only when the supervisor, mental health or SART team has notified medical.

Interviewed mental health staff was asked, at the initiation of services to an inmate, do you disclose the limitations of confidentiality and your duty to report? Staff indicated it is a requirement to notify offenders being evaluated and/or treated of the limits of confidentiality, mandated reporting measures/duty to report.

115.61 (d): In response to the PAQ, the facility reported its use if for adult confined persons between the ages of 18 and up years old, as such the Applying Integrated Treatment Facility does not house youthful confined persons; however, the agency does and policy requires if the victim was under the age of 18, the Field Operations Manager, in conjunction with the Director of Investigations, or designee, is required to report the allegation to the Department of Family and Children Services, Child Protective Services Section. Additionally, if the victim is considered a vulnerable adult under Georgia Law, the Director of Investigations or designee, will make notification to the appropriate outside law enforcement agency.

Interviews with the PREA Coordinator and Superintendent indicated all GDOC staff are mandated reporters. If a youthful confined person or a vulnerable adult reports an allegation of sexual abuse or sexual harassment, we are mandated to report his allegation to the Georgia Department of Family and Children Services, and so they can have the opportunity to conduct an independent investigation. GDOC

	<p>investigators will continue the administrative and, if applicable, a criminal investigation regarding the allegation.</p> <p>115.61 (e): During interview with the Superintendent he confirmed all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are reported and investigated.</p> <p>The facility had six allegations of sexual abuse or harassment during the 12-months preceding the audit.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.61 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.62:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Applying Integrated Treatment Facility Coordinated Response Plan, attachment 7 4. Investigations (6) 5. PREA Investigative Summaries 6. PREA Disposition Offender Notifications 7. Sexual Abuse Incident Review Checklist (30 days Review) 8. Sexual Allegation Response Checklist 9. PREA Initial Notifications 10. Retaliation Monitoring Documentation 11. SART Investigation Checklist 12. MH/MR Sexual Allegation Follow-up Reports 13. Incident Reports Reviewed 14. Nursing Assessment for Alleged Sexual Assaults 15. Refusal of Treatment Against Medical Advice Document 16. Offender Grievance (PREA Related) 17. Sexual Assault Examination and Evidence Collection Reports 18. SART Report Consent (SANE) 19. Forensic Examination/Diagrammatic Documentations

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (2)

1. Agency Head
2. Superintendent
3. PREA Coordinator
4. Random Staff (12)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.62 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 7) addresses the facility's Coordinated Response Plan and steps to follow upon learning of a sexual misconduct allegation. The Coordinated Response Plan identifies the first requirement is to separate the alleged abuser from the alleged victim in tandem with reporting the incident. The Coordinated Response Plan identifies the first and foremost step following reporting the incident is to separate the alleged abuser from the alleged victim. At Appling Integrated Treatment Facility, the cell in visual view of the control center is considered a 'safe cell' where potential victims would be placed in the threat of imminent risk.

GDC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Facility Protection Duties, requires that upon learning of a sexual abuse, staff are to separate the alleged victim and abuser and ensure the alleged victim has been placed in safe housing which may be protective custody in accordance with SOP 209.06, Administrative Segregation. If the inmate victim is placed in administrative segregation, a note is placed in SCRIBE indicating the reason for the placement. If the offender remains in Administrative Segregation for 72 hours, ensure that the Sexual Assault Response Team has again evaluated the victim within 72 hours. Again, a note is entered into SCRIBE indicating the reason for continued placement. The care and treatment member of SART is responsible for documenting the reasons in SCRIBE. If the alleged perpetrator is an offender and if the alleged perpetrator has been placed in Administrative Segregation in accordance with SOP 209.06, Administrative Segregation, again, a case note documenting the reason for placement is completed and documented in SCRIBE.

If the offender remains in Administrative Segregation for 72 hours, the SART evaluates the offender again within 72 hours and if continued placement is required, the reasons are documented in SCRIBE. The care and treatment staff from the SART Team are responsible for the documentation.

If the alleged perpetrator is staff member, the staff member and alleged victim are separated during the investigation period. The staff member may be reassigned to other duties or other work area; transferred to another institution, suspended with

pay pending investigation or temporarily banning the individual from the institution, whichever option the appointing authority deems appropriate. Staff are instructed, if applicable, they are to consult with the SART, regional director, the department's PREA coordinator or the Regional SAC within 72 hours of the reported incident to determine how long the alleged victim or perpetrator should remain segregated from the general population and document the final decision in the offender's file with specific reason for returning the offenders to the general population or keeping the offenders segregated and ensure the SART has evaluated the victim within 24 hours of the report. Once a determination has been made that there is sufficient evidence of sexual assault, staff ensures closure of the matter by serving notice of adverse action or banning the staff member, making housing and classification changes if the perpetrator is an offender, and update the victim's offender file with incident information.

In response to the PAQ, the facility reported the number of times the agency or facility determined that a confined person was subject to a substantial risk of imminent sexual abuse.

In the past 12 months, the number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse: 0

The interviews with a random sampling of staff confirmed all staff knew to act and respond immediately to the situation taking protective measures separate the confined persons and move the victim to a safe place in view of staff. The interviews with the agency head and Superintendent indicated GDOC has a zero- tolerance for retaliation on any person reporting or cooperating with a sexual abuse or sexual harassment investigation. All allegations, except for those deemed unfounded, are monitored for retaliation. Individuals that retaliate on staff or confined persons for cooperation will be disciplined per GDOC discipline policies.

Interviewed the agency Head designee was asked, when you learn that an inmate is subject to a substantial risk of imminent sexual abuse, what protective action does the agency take? Inmates who are found to be subject to a substantial risk of imminent sexual abuse are to be separated from the potential or actual threat. The inmate may be moved to another location in the dorm closer to the control room or staff stations, moved to another dorm, placed in protective custody, or transferred to another facility in an effort to keep the inmate safe.

Upon learning of substantial risk of imminent sexual abuse, protective actions taken to protect the confined person include immediately shielding the confined person (s) from any further or pending abuse by separating the confined person from the aggressor and relocating to a safe place in the facility, near staff or in another building; identify locations within the area for temporary placement of the victim; transfer the aggressor to a secure facility pending investigation.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.62 based upon documentation provided and interviews conducted.

Corrective Action: None

115.63	Reporting to other confinement facilities
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 1445 412">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 116.63:</p> <ol data-bbox="256 456 1366 568" style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) <p data-bbox="256 613 1453 680">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p data-bbox="256 725 544 759">Specialized Staff (2)</p> <ol data-bbox="256 792 512 871" style="list-style-type: none"> 1. Agency Head 2. Superintendent <p data-bbox="256 904 1414 983">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="256 1016 1477 1509">115.263 (a): GDOC Policy, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) requires in cases where there is an allegation that sexually abusive behavior occurred at another GDOC facility, the Superintendent/designee of the victim’s current facility is required to provide notification to the Superintendent of the identified institution and GDOC’s PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the Superintendent of the confined person’s current facility refers the matter directly to the Office of Professional Standards Special Agent In-Charge. For the non-Department secure facilities, the Superintendent/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred. For non- Department facilities, the Superintendent/designee(s) contacts the appropriate office of that correctional Department.</p> <p data-bbox="256 1554 1461 1632">In the past 12 months, the number of allegations the facility received that an inmate was abused while confined at another facility: 0</p> <p data-bbox="256 1666 1477 1912">115.263 (b): GDOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 27-28) and Local Policy Procedure requires the notification be provided as soon as possible but not later than 72 hours after receiving the allegation. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.</p> <p data-bbox="256 1946 1414 2069">115.263 (c): GDOC Policy, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) and Local Policy Procedure require notifications to be documented.</p>

	<p>with the agency head and Superintendent indicate 115.263 (d): GDOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) requires the facility head or GDOC office that receives such notification to ensure that the allegation is investigated in accordance with the PREA Standards.</p> <p>In response to the PAQ, the facility documented number of allegations during the past 12 months in which a confined person at this facility alleged sexual abuse at another facility: 0</p> <p>The interviews d if the facility receives notification from another agency that an allegation of sexual abuse or sexual harassment occurred at another GDOC facility; the receiving facility would take steps needed to investigate the allegation. All allegations received are forwarded for an administrative investigation and those containing criminal allegations are forwarded immediately for criminal investigation. Each facility has a PREA Compliance Manager that serves as the point-of-contact for such allegations. GDOC’s Statewide PREA Coordinator also serves as a point of contact. External reports of sexual abuse or sexual harassment is reported to the facility PREA Compliance Manager or the Statewide PREA Coordinator.</p> <p>Based on the interviews, the auditor is confident the facility leadership would take appropriate action if a notification is received. In response to the PAQ, the facility reported zero allegations of sexual abuse the facility received from other facilities.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.63 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.64:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Applying Integrated Treatment Facility, Coordinated Response Plan (Att.7) 4. Investigation # 357687 <p>In order to decide compliance determination, the following people were interviewed,</p>

and the following interview findings were considered:

1. Random Staff (12)
2. Targeted Confined persons who Reported a Sexual Abuse (0)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.64 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 27-28) requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Coordination will be among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Local Procedure Directive and Coordinated Response Plan reviewed by the auditor include the names and telephone numbers of the coordinating parties. Local Procedure Directive and Coordinated Response Plan, First Steps details actions to be taken in the event of an incident of sexual abuse which include the following elements required in this standard provision:

Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and.
- If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Georgia DOC Policy, 208.6, describes, in detail, actions to take upon learning that an inmate has been the victim of sexual abuse. Actions described included the expectations for non- security first responders. Policy and local operating procedures require that upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report is to respond in the following manner:

1. Separate the alleged victim and abuser.
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with SOP IK1-0005, Crime Scene Preservation.
3. If the abuse occurred with 72 hours 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.
4. If the abuse occurred within 72 hours ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, or eating.
 5. If the first responder is not a security staff, the responder is required to request that the alleged victim not taken any action that could destroy physical evidence and notify security staff immediately.

The Sexual Assault Response Team will be notified and will implement the local protocol.

The local protocol, "PREA Reporting Process" describes the actions taken by the First Responders, notification of the OIC/Duty Officer, Superintendent's Notification, and the actions of the Sexual Assault Response Team Leader, medical involvement, and mental health involvement. SART conducts the initial investigation. Duties of each SART member are identified and include duties for the SART leader-security, the counselor, and Health Services. Lastly the SART Investigation Process is detailed. This document serves as the facility's coordinated response plan.

Following the initial first response from the staff first becoming aware of an incident or allegation of sexual abuse, staff would contact the Sexual Assault Response Team who would take over once on the scene. They would then be responsible for ensuring the potential crime scene is protected and secured and notify the Office of Professional Standards investigators would advise the SART and then come on sight if needed to collect evidence and assume the investigation.

During the facility site review and during random staff interviews, security staff indicated that they are aware of the first responder procedures. They would separate the alleged victim from the abusers; protect the crime scene, ensure that physical evidence is not destroyed, require that the alleged victim and abuser not take any actions that could destroy physical evidence, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Interviewed random staff when staff were asked what the agency policy is or procedure for reporting any information related to an inmate sexual abuse, all twelve (12) officers reported that any sexual abuse allegation(s) had to be reported to their supervisor(s) and that the alleged victim needed to be immediately separated from the aggressor. All staff reported that all evidence had to be preserved and that the crime scene had to be secured.

In response to the PAQ, the facility reported the number of allegation of sexual abuse in the past 12 months.

In the past 12 months, the number of allegations that an inmate was sexually abused:
1

Of these allegations of sexual abuse in the past 12 months, the number of times the first security staff member to respond to the report separated the alleged victim and

	<p>abuser: 0</p> <p>In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0</p> <p>A review of the documentation indicated protocols pursuant to this provision were followed as necessary relating to the nature of the abuse allegation.</p> <p>The interview with security staff first responders and informal staff interviews confirmed a great deal of knowledge of first responder duties and exactly what to do in response situations.</p> <p>115.64 (b): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy and Local Procedure Directive and Coordinated Response Plan does not require that if the first staff responder is not a security staff member, that responder shall be required to notify security staff.</p> <p>The interviews with security staff first responder and non-security staff first responder and Random Staff (12) confirmed detailed knowledge of first responder protocols.</p> <p>Of the allegations that an inmate was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.64 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.65:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 3. Coordinated Response Plan 4. Sexual Abuse Response Checklist, attachment 6 <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (1)</p> <p>Superintendent</p>

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.265 (a): GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 28-29) requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Coordination will be among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Georgia DOC Policy 208.06, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, Coordinated Response, requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. The plan must be kept current and include names and phone numbers of coordinating parties. The facility provided the Coordinated Response Plan in a document entitled: PREA Reporting Process and Local Directive.

The local protocol, "PREA Reporting Process" describes the actions taken by the First Responders, notification of the OIC/Duty Officer, Superintendent's Notification, and the actions of the Sexual Assault Response Team Leader, medical involvement, and mental health involvement. SART conducts the initial investigation. Duties of each SART member are identified and include duties for the SART Team Leader-Security, the Counselor, and Health Services. Lastly the SART Investigation Process is detailed. This document serves as the facility's coordinated response plan.

The facility uses the GDC Sexual Abuse Response Checklist (GDC 208.06, Attachment 6) to coordinate the actions and response of first responders.

Following the initial first response from staff first becoming aware of an incident or allegations of sexual abuse, staff would contact the Sexual Assault Response Team who would take over once on the scene. They would then be responsible for ensuring the potential crime scene is protected and secured and notify the Office of Professional Standards investigators who would advise the SART and then come on sight if needed to collect evidence and assume the investigation.

The SART Leader or Investigator arranges for immediate medical examination. Medical conducts an initial assessment to determine if the inmate needs immediate medical intervention and to be treated. Medical staff contact the SANE if needed. Again, specific duties of each of the SART members are described. These include the specific responsibilities for the SART leader, counselor and Health Services.

The plan is specific in the steps to be taken by each specific member of the SART leader, medical team member, and counselor/advocate.

The Office of Professional Standards investigator will continue the investigation

	<p>following GDC Policy.</p> <p>Interviewed Superintendent indicated that the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The first responder will notify the appropriate staff and the process/chain of events begins there.</p> <p>The Local Operating Procedure Directive and the Applying Integrated Treatment Facility Sexual Assault Response Plan serve as the facility's Coordinated Response Plan. It identifies actions to be taken by various components of the facility in response to an allegation of sexual abuse. If there was a sexual assault allegation, the facility, complying with GDOC Policy will initiate the Sexual Abuse Response Checklist that also identifies actions taken by staff in response to a report of sexual abuse or of sexual misconduct and sexual harassment. The facility also uses the GDOC Sexual Abuse Response Checklist to coordinate the actions and responses of first responders. This document becomes a part of the investigation packet.</p> <p>The Coordinated Response Plan reviewed is current and includes the names and telephone numbers of the coordinating parties.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.65 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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<p>115.66</p>	<p>Preservation of ability to protect inmates from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.66: Documents:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered: Specialized Staff: (1) Agency Head</p> <p>The following describes how the evidence above was used to draw the conclusion</p>

	<p>regarding compliance (By Provision):</p> <p>115.66 (a). In response to the PAQ, the facility reported the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit.</p> <p>Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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.</p> <p>The State of Georgia is a right to work state. The Georgia Department of Corrections employees are not members of a union. The department is not involved in any form of collective bargaining.</p> <p>115.66 (b): Nothing in this standard shall restrict the entering into or renewal of agreement that govern:</p> <ul style="list-style-type: none"> • The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of standards 115.72 and 115.76; or • Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated <p>The Interview with the agency head verified GDOC has not engaged with collective bargaining with employees.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.66 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.67:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire

2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)

3. Applying Integrated Treatment Facility, Local Policy Directive and Coordinated Response Plan (Att.7)

4. Designated Retaliation Monitor

5. Retaliation Monitoring Checklist

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (3)

1. Agency Head

2. Superintendent

3. Staff Member Charged with Retaliation Monitoring

4. Targeted Confined Person Who Reported a Sexual Abuse (0)

5. Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) (NA)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.67 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (PP. 28-29) addresses GDOC's commitment to protect all confined persons and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other confined persons or staff. Policy in part stated. "The Department will protect confined persons and staff members who report sexual abuse or Sexual Harassment from retaliation anyone who retaliates against a staff member or a confined person who has reported an allegation of sexual abuse or Sexual Harassment or who has participated in a subsequent investigation shall be subject to disciplinary action." Policy further requires institution Superintendents to designate a staff member to serve as the facility Retaliation Monitor. Retaliation Monitors are to be identified in the Local Procedure Directive and Coordinated Response Plan. The Retaliation Monitor is identified by name, title and department, with current contact information in the Local Procedure Directive.

The agency Head designee was asked; how do you protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations?

The Commissioner's designee indicated that when staff cooperates with an investigation expresses a fear of retaliation; the agency has the processes in place for staff needing or requesting emotional support such as Employee Assistance Program (EAP) and Peer Counseling Program (PCP). Adverse actions are not given to staff who requests these services or cooperates and reports sexual abuse or sexual harassment allegations. A previous interview with the Commissioner's Designee indicated that each facility has a retaliation monitor whose responsibility is to monitor potential retaliation by reviewing indicators such as dorm movements, detail changes, and disciplinary write ups. Inmates may be separated from alleged perpetrators or retaliating staff or inmates by dorm changes, yard changes, or transfers.

115.67 (b): The Coordinated Response Plan addresses confined person protection measures. GDOC's multiple protection measures include housing changes or transfers, removal of alleged staff members or confined person abusers from contact with victims, and emotional support services for confined persons and/or staff members who fear retaliation for reporting or for cooperating with investigations.

The interview with the agency head designee reiterated the agency has a zero-tolerance for retaliation on any person reporting or cooperating with a sexual abuse or sexual harassment investigation and that all allegations, except for those deemed unfounded, are monitored for retaliation. GDOC's zero-tolerance for retaliation is a deterrent for anyone Individual that retaliates on staff or confined person for cooperation will be disciplined. The stance of zero-tolerance for retaliation is a deterrent for anyone to retaliate. If retaliation occurs, the person retaliating will be disciplined.

The Superintendent has designed an Admin Support III as the retaliation monitor for the facility.

The Retaliation monitor described the actions taken in preventing retaliation and monitoring retaliation, reviewing housing assignments, detail reassignments, and any changes in programming activities for the confined person.

Retaliation monitoring is documented on the GDOC Retaliation Monitoring Form.

Retaliation monitoring for staff, actions taken would consist of reviewing post assignments, changes in shifts, performance reports, and any disciplinary reports.

115.67 (c): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, Local Policy Directive and Coordinated Response Plan, attachment 7, addresses confined person retaliation monitoring. Monitoring is required to be conducted for at least 90 days following a report of abuse. Monitoring includes the conduct and treatment of confined persons and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring includes the following: review of confined person disciplinary reports, housing or program changes, negative performance reviews or reassignments of staff etc. Monitoring may continue beyond 90 days if the initial monitoring indicates the need for it. Periodic status checks of confined persons will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDOC Form 90 Day Confined person Sexual Abuse Review Checklist. The checklist is completed for each confined person being monitored. The Georgia Department of Corrections 90 Day Confined person Sexual Abuse Review Checklist includes documenting the reviews of the following at 30, 60 and 90 days:

- Confined person Disciplinary Report(s) History.
- Confined person Housing Unit Placement Reviewed.
- Confined person Transfer(s) Placement Review.

	<ul style="list-style-type: none"> - Confined person Program(s) History Review. - Confined person Work Performance Review. - Confined person Schedule History Review. - Confined person Case Note(s) Review. <p>Interviews conducted with the retaliation monitor confirmed monitoring takes place for an initial 90 days but is extended depending on if the situation warrants additional monitoring. The Superintendent indicated they try to identify the alleged retaliation and hold them accountable, be it a confined person or staff.</p> <p>In response to the PAQ, the facility reported the number of instances of retaliation monitoring in the last 12 months: 0</p> <p>115.67 (d): Periodic status checks of confined persons will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDOC Form 90 Day Confined person Sexual Abuse Review Checklist. The checklist is completed for each confined person being monitored. The interview with the retaliation monitor confirmed she conducts random checks with confined persons during the 90 days of monitoring and any subsequent monitoring.</p> <p>115.67 (e): The interviews with the agency head designee and facility Superintendent confirmed if any individual confined person or staff, fears retaliation for cooperating with investigations, protective measures will be instituted. All allegations are monitored for retaliation and GDOC's zero- tolerance for retaliation is a deterrent for anyone to retaliate. If retaliation occurs, the person retaliating will be disciplined.</p> <p>115.67 (f): An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded. The auditor is not required to audit this provision.</p> <p>The auditor finds the facility in compliance with PREA Provision 115.67 (e) based upon interviews conducted and documentation provided.</p> <p>Corrective Action: (None)</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.68:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior

Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)

3. Administrative Segregation, SOP 209.06

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (2)

1. Superintendent
2. Staff Who Supervise Confined persons in Segregated Housing
3. Targeted Confined persons housed in Segregated Housing (NA)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.68 (a) Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 25) address involuntary segregation. prohibits placing confined persons at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives have been made and a determination made that there is not available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the confined person may be held in involuntary segregation for less than 24 hours while completing the assessment. This placement, including concern for the confined person's safety, must be documented in the confined person/ confined person database, SCRIBE, documenting concern for the confined person's safety and the reason why no alternative means of separation can be arranged. Confined persons who are placed in involuntary segregation are housed there only until an alternative means of separation from likely abusers can be arranged and the assignment, ordinarily, shall not exceed 30 days. Reviews are required to be conducted every 30 days to determine whether there is a continuing need for separation from the general population.

Confined persons in involuntary segregation will receive services in accordance with GDOC's Administrative Segregation policy requires that confined persons at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an assessment cannot be conducted immediately, the confined person may be held in involuntary segregation no more than 24 hours while completing the assessment.

This placement, including the concern for the confined person's safety is noted in SCRIBE case notes documenting the concern for the confined person's safety and the reason why no alternative means of separation can be arranged. The confined person will be assigned to involuntary segregated housing only until an alternative means of separation can be arranged, which ordinarily does not exceed a period of 30 days. If placement in involuntary segregation exceeds 30 days, reviews are conducted every 30 days to determine whether there is a continuing need for separation from the general population. Confined persons in involuntary protective custody, in compliance with policy, will have access to programs and services like those of the general

	<p>population, including access to medical care, mental health, recreation/exercise, education, and telephones. Individual records are required and will document, among other required things, all activity such as bathing, exercise, medical visits, program participation and religious visits. It should also include documentation of unusual occurrences and if access to any programming, privileges, and education, or work opportunities is restricted, the facility is to the opportunities that have been limited the duration of the limitation and the reasons for such limitations.</p> <p>In response to the PAQ, the facility documented the number of confined persons who alleged to have suffered sexual abuse that were held in involuntary segregated.</p> <p>The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment: 0</p> <p>The number of inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement: 0</p> <p>From a review of case files of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged: 0</p> <p>There was no confined person who suffered sexual abuse that was house in involuntary segregation awaiting transfer to another facility.</p> <p>The interview with Appling Integrated Treatment Facility Superintendent confirmed, if a confined persons in this situation are identified they would be placed in segregation temporarily and transferred to another facility if the situation warranted.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.68 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.71:</p> <p>1. Appling Integrated Treatment Facility Pre-Audit Questionnaire</p>

2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)

3. Investigations (5)

4. Sexual Abuse Incident Review Form

4. Investigative Staff Training Records (2)

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (4)

1. Superintendent

2. Facility Investigative Staff

3. Agency Investigator OPS

4. PREA Compliance Manager

5. Targeted Confined persons Who Reported a Sexual Abuse (0)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.71 (a): The facility provided a copy of the GDOC Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy which addresses the investigative process. An administrative and/or criminal investigation will be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards (OPS). Policy requires investigations are conducted promptly, thoroughly and objectively. It also requires allegations or reports, including any knowledge, information or suspicions are taken seriously and are investigated. These include reports made verbally, in writing, from third parties and from anonymous sources. The interview with investigative staff confirmed anonymous or third-party reports of sexual abuse and sexual harassment are taken seriously and handled the same way as a self-report and that investigations are initiated within a day of receiving a report.

Every PREA allegation whether it is sexual abuse or sexual harassment are referred immediately to the facility SART. The facility SART protocol is initiated and investigations are handled promptly, thoroughly, and objectively. Incident notification is made to the GDC PREA coordinator within 24 hours of initiating SART investigations.

Investigations are required to be prompt and thorough, including those reported by third-party or anonymously. Administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Reports are documented and include descriptions physical and testimonial evidence, reasoning behind the credibility of assessments and investigative facts and findings.

The superintendent provided information designating the members of the prisons' Sexual Assault Response Team. The team consists of a lead member who is the

facility's Mental Health director, a facility-based investigator who initiates the investigation and a medical staff. A counselor serves as the facility-based advocate.

Allegations made through the grievance process were turned over to the SART for investigation and not processed through the regular grievance process.

The auditor reviewed investigative reports stemming from a confined person self-reports of alleged sexual abuse and sexual harassment.

115.71 (b): GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 20) requires specialized training for members of the Sexual Abuse Response Team and any other staff members who are likely to be involved in the management and treatment of sexually abuse victims and perpetrators. The investigator for the Sexual Assault Response Team Members has completed the National Institute of Corrections Specialized Training, "PREA: Investigating Sexual Abuse in a Confinement Setting".

If an investigation cannot be cleared at the local level, the SAC determines whether to open an official investigation and if so, dispatches an investigator who has received special training in sexual abuse investigations. When criminal investigations involving staff are completed, the investigation is turned over to the Office of Professional Standards to conduct any necessary compelled administrative reviews. After each SART investigation, all substantiated cases are referred to the OPS Criminal Investigations Division while all unsubstantiated SART investigations are referred to the Office of Professional Standards for an administrative review. The department follows a uniform protocol for obtaining usable physical evidence for administrative proceedings and criminal prosecution.

During the interview with the facility investigator indicated he has completed the required training "Investigating Sexual Abuse in Confinement Setting". The auditor was provided a copy of her training certificate as confirmation. Training documentation is also discussed in Standard 115.34 (c).

115.71 (c): GDOC's PREA policy (p. 31) requires investigative agents and investigators to gather and preserve direct and circumstantial evidence including any available electronic monitoring data; to interview alleged victims, suspected perpetrators, and witnesses; and to review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The interview with investigative staff confirmed initial steps in an investigation includes obtaining witness statements through interviews and compiling all statements, evidence reviewed (any camera video recording feeds, threats or complaints involving the parties etc.) and generating a report based on all the information. If the allegation deems to be possibly criminal in nature, it is forwarded to GDOC's OPS.

115.71 (d): Special Agents in the OPS, who are responsible for conducting investigations that appear to be criminal in nature, consult with the district attorney to consider referral for prosecution when the evidence appears to support criminal

prosecution and compelled interviews are conducted only after consulting with the prosecutors to ensure the interviews may not be an obstacle for subsequent criminal prosecution. PREA policy (p. 31) states in part, "If the allegation is criminal in nature, an interview shall not be conducted, nor will a statement be collected from the accused perpetrator without first consulting the Regional SAC. Interview with the facility investigator confirmed they do not conduct compelled interviews at the facility level. All compelled interviews are conducted by agency staff in the OPS.

Criminal investigations are documented in written reports that contain thorough descriptions of physical, testimonial, and documentary evidence and copies of all documentary evidence when feasible. Substantiated allegations of conduct that appears to be criminal are referred for prosecution.

115.71 (e): GDOC's PREA policy (p. 31) in part states, "The credibility of the victim, suspect, or witness shall be assessed on an individual basis and will not be determined by the person's status as confined person or staff member. A confined person who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

When the investigator was interviewed about the credibility of an alleged victim, suspect, or witness, the facility investigator indicated it did not matter if it was a staff member or confined person, and just because the individual is an confined person does not mean he or she is being untruthful and that under no circumstances would a polygraph be utilized prior to proceeding with any investigation.

There was no confined person who reported a sexual abuse occurring at this facility during this audit cycle that was interviewed.

The auditor finds the facility in compliance with PREA Provision 115.71 (e) based on interviews conducted and documentation provided.

115.71 (f): GDOC's PREA policy (p. 31) in part states, "Administrative and criminal investigations shall include an effort to determine whether staff member actions or failures to act contributed to the abuse. This shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings."

The interview with the facility investigator of administrative allegations confirmed staff actions or failures to act are taken into consideration as to whether it contributed to the abuse. Written reports include a description of any evidence (electronic video monitoring, physical or verbal statements). The facility utilizes the PREA Investigative Summary form to describe physical and testimonial evidence and how they arrived at their disposition regarding an alleged instance of sexual abuse or harassment. The auditor reviewed five (5) administrative investigation files and found all contained required information regarding this provision.

Administrative Investigations: PREA standard 115.71 requires the following regarding

administrative investigations.

- Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Hard copies of investigation files are securely filed in locked filing cabinets located in the admin records room, this area has limited access to staff. The files are also electronically uploaded into SCRIBE.

Confined persons files are securely filed in the admin records room, a limited number of staff have access to these confidential files, only records room staff are allowed to pull files for assigned staff members that have access to the information.

115.71 (g): PREA policy (p. 31) stipulates in part, "criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility". The facility provided the initial facility investigation to the auditor. The sexual abuse investigation was turned over to OPS for criminal investigation. The investigation has been closed but the auditor was not provided the complete investigatory file in totality. The interview with the facility investigator confirmed the facility does not conduct criminal investigations. However, staff provides documentation to the investigative division on what occurred and documentation of any potential evidence, to include, physical, verbal, or electronic evidence. Copies of all evidence are turned over to OPS.

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The facility provided the auditor with investigation documentation entitled "PREA Investigative Summary."

The investigative summary sheet included the following information:

- Type of Allegation (S/I Abuse, S/I Harassment, I/I Abuse and I/I Harassment)
- Alleged Victim (s) and Alleged Aggressor (s)
- Summary of Investigation (How did you arrive at your disposition?)
- Evidence Gathered, Location, Witnesses
- Disposition (Substantiated, Unsubstantiated, Unfounded and Not PREA)
- Outcome (Closed or Forwarded to OPS)
- Actions Taken

- Disciplinary action taken (toward staff or inmates)
- Name/Title of Person Submitting Report

Based on review of the initial investigative documents, policy and interviews, the auditor believes the facility and agency conduct criminal investigations as required by standard 115.71.

115.71 (h): The facility reported in their response to the PAQ that there was no allegation of conduct that appeared to be criminal that were referred for OPS for investigation since the last PREA audit.

Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The interview with the facility investigator verified allegations of sexual abuse are referred to OPS for investigation and referred for prosecution when deemed criminal in nature.

In response to the PAQ, the facility documented the number of confined persons who reported sexual abuse allegations that appeared to be criminal and referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later: 0

115.71 (i): The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, per PREA policy (p. 32). Applying Integrated Treatment Facility' PREA Implementation Manual (p. 32) in part states, "Applying Integrated Treatment Facility retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years."

The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

The auditor reviewed the facility investigation packages. The following is documented at the bottom of the forms. "Retention Schedule: Upon completion, this form shall be placed in the PREA investigative case file and maintained for the length of the offender's incarceration plus five (5) years, or ten (10) years from the initial report, whichever is greater".

115.71 (j): The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

	<p>The departure of the alleged abuser or victim from the employment or control of the department does not provide a basis for termination of the investigation.</p> <p>Allegations made through the grievance process were turned over to the SART for investigation and not processed through the regular grievance process.</p> <p>The PREA Unit has a process in place call “PREA Coordinator Investigation’s Overview” which included the following information:</p> <ul style="list-style-type: none"> o SART Investigator Summary o PREA Compliance Manager Comments o PREA Coordinator Comments o PREA Case Closed Details <p>The interview with the facility investigator confirmed investigations are completed and are updated as to the findings.</p> <p>115.71 (k): For purposes of this audit, this auditor is not required to make a compliance determination for provision (k) of this standard.</p> <p>115.71 (l): GDOC conducts investigations of all allegations of sexual abuse that have occurred in their facilities. As such, this provision is not applicable in determining compliance for PREA Standard 115.71.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.71 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.72:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Investigations (5) <p>In order to decide compliance determination, the following people were interviewed,</p>

	<p>and the following interview findings were considered:</p> <p>Specialized Staff: (2)</p> <ol style="list-style-type: none"> 1. Facility Investigator 2. Special Agent Investigator (OPS) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance:</p> <p>115.72 (a): GDOC’s PREA policy (p. 28), stipulates in part, “There shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Allegations made through the grievance process were turned over to the SART for investigation and not processed through the regular grievance process.</p> <p>The PREA Unit has a process in place call “PREA Coordinator Investigation’s Overview” which included the following information:</p> <ul style="list-style-type: none"> o SART Investigator Summary o PREA Compliance Manager Comments o PREA Coordinator Comments o PREA Case Closed Details <p>The interviews with the facility investigator and OPS investigator confirmed investigators utilizes the “preponderance of the evidence” as the standard in determining whether allegations of sexual abuse and/or sexual harassment are substantiated, unsubstantiated, or unfounded. The auditor reviewed five administrative investigative reports and a preponderance of evidence was utilized in determining the unsubstantiated disposition.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.72 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.73:

1. Applying Integrated Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)
3. Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Confined persons, SOP IK01-0006 (eff. 12/5/05)
4. PREA Disposition Confined person Notification Form (5)
5. Procedure for Confined person Notifications – PREA Investigations, SOP 208.06, Attachment 3

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (3)

1. Superintendent
2. Investigator
3. Special Agent (OPS) Investigator
4. Targeted Confined persons Who Reported a Sexual Abuse (0)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.73 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 33) requires confined persons who are in GDOC custody are informed whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.

In response to the PAQ, the facility documented the number of confined persons who reported sexual abuse allegations are informed whether the allegation was determined to be substantiated, unsubstantiated, or unfounded.

The number of criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months: 2

Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of inmates who were notified, verbally or in writing, of the results of the investigation: 2

The interviews with the facility investigator and Superintendent confirmed this to be the standard practice.

115.73 (b): GDOC Policy (p. 33) stipulates if investigations are forwarded to OPS for investigation, the facility will notify the confined person of the outcome upon completion.

115.73 (c): GDOC Policy (p. 33), requires confined persons who are in GDOC custody are informed whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications are to be documented and completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. GDOC utilizes the PREA Disposition Confined person Notification Form to inform confined persons of

the outcomes of investigations.

If the allegations involved a staff member, the staff making the notification will inform the confined person whenever:

- The staff is no longer posted in the institution.
- The staff is no longer employed at the institution.
- The staff has been indicted on a charge related to sexual abuse with the institution or the staff has been convicted on a charge related to sexual abuse within the institution.

In response to the PAQ, the facility reported substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a confined person in the past 12 months: 1

Policy is in place and staff are aware of the investigation protocols the practice of notifying confined persons of the staff member's status.

115.73 (d): Policy requires if the allegation involved another confined person, staff are required to inform the alleged victim when the alleged abuser has been:

- Indicted on a charge related to sexual abuse within the institution.
- The alleged abuser has been convicted on a charge related to sexual abuse within the institution.

115.73 (e): GDOC policy requires all notifications or attempted notifications are to be documented and completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. GDOC utilizes the PREA Disposition Confined person Notification Form to inform confined persons of the outcomes of investigations.

In response to the PAQ confined persons notified following the conclusion of an investigation alleging abuse. Investigations file reviewed contained evidence of the notification to the confined person.

In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard: 5

Of those notifications made in the past 12 months, the number that was documented: 5

Additionally, the GDOC PREA Coordinator issued a memorandum to all GDOC Special Agents in Charge, Facility Superintendents, and Facility PREA Compliance Managers regarding Procedure for Confined person Notifications. The memorandum details the following notification requirements:

Upon the completion of an OPS PREA investigation:

	<p>1. The OPS Investigator must notify the Superintendent at the facility of their investigation disposition with a copy being forwarded to the Statewide PREA Coordinator.</p> <p>2. The Superintendent must notify their designee to complete and serve Attachment 3 (SOP 208.06) to the confined person.</p> <p>3. Once the confined person has been served with the notification, the facility PREA Compliance Manager will place a copy of the signed notification in the SART investigation file.</p> <p>4. During scheduled site visits, the PREA Coordinator or designee will check compliance and document their findings in their site visit report.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.73 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.76:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. GDOC Commissioner’s Statement Prohibiting Unlawful Harassment (Including Sexual Harassment) 4. GDOC Sexual Assault/Sexual Misconduct Acknowledgement Statement 5. GDOC Employee Standards of Conduct Acknowledgement Statement 6. GDOC PREA Acknowledgement Statement <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. Random Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.76 (a): The auditor reviewed Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy which addresses discipline for staff. Policy (p. 33) requires that staff that engages in sexual abuse with a confined person is banned from GDOC correctional institutions or subject to disciplinary action; up to and including, termination, whichever is appropriate.

As a part of staff PREA training, staff signs a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers which contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledges that an offender cannot consent to sexual activity.

Interviews with the facility PREA compliance manager, randomly selected staff and specialized staff indicated that the agency has a zero-tolerance policy for sexual abuse and sexual harassment. If a staff was involved in an allegation of sexual abuse the superintendent would place the staff on no-contact with that resident or placed on administrative leave. If the allegations were substantiated, the presumptive disciplinary action is termination.

115.76 (b): The presumptive disciplinary sanction for staff who engages in sexual abuse as noted on page 33 of GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy is termination.

In response to the PAQ, the facility reported staff from the facility that violated the sexual abuse or sexual harassment policies.

In the past 12 months, the number of staff from the facility that has violated agency sexual abuse or sexual harassment policies: 0

In the past 12 months, the number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

115.76 (c): Violations of GDOC policy related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be 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 (p. 33). In response to the PAQ, the facility reported zero staff from the facility were disciplined, short of termination for violations GDOC sexual abuse or sexual harassment policies.

In response to the PAQ, the facility reported staff from the facility violated sexual abuse or sexual harassment policies. And, staff from the facility that have been

	<p>disciplinary sanctions for violations for violating agency sexual abuse or sexual harassment policies.</p> <p>In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse): 0</p> <p>115.76 (d): Referencing GDOC’s PREA policy (p. 34) staff found to have engaged in sexual misconduct/abuse will be banned from correctional institutions or subject to disciplinary sanctions up to and including termination and staff may be referred for criminal prosecution. All staff terminations for violations of GDOC sexual abuse or sexual harassment policies, or resignations by staff members that would have been terminated if not for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal in nature. Appropriate licensing agencies and/or the Georgia Peace Officer Standards and Training Council will be notified. Staff are aware of the disciplinary sanctions by acknowledging and signing the following forms: GDOC Commissioner’s Statement Prohibiting Unlawful Harassment (Including Sexual Harassment), GDOC Sexual Assault/Sexual Misconduct Acknowledgement Statement, GDOC Employee Standards of Conduct Acknowledgement Statement, and GDOC PREA Education Acknowledgement Statement that detail potential sanctions, including arrest and referral for prosecution and the punishment if found guilty.</p> <p>In response to the PAQ, the facility reported staff from the facility has been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.76 based upon documentation provided.</p> <p>Corrective Action: (None)</p>
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.77:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior

Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)

3. Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff: (1)

1. Superintendent

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.76 (a): GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 34) requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with confined persons and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. As part of their PREA training, contractors and volunteers sign a GDOC PREA Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers that contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution.

As a part of their PREA training, staff, contractors, and volunteer sign a GDC Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers which contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution. Furthermore, it asserts that in accordance with Georgia Law, O.C.G.A. 16-6-5.1, certain correctional staff members who engage in sexual contact with an offender commit sexual assault, a felony punishable by imprisonment of not less than one nor more than 25 years, a fine of \$100,000.00 or both. Staff acknowledges that an offender cannot consent to sexual activity.

In response to the PAQ, the facility indicated contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of confined persons.

In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates: 0

115.76 (b): GDOC's Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 34) requires the facility to take appropriate remedial measures, and consider whether to prohibit further contact with confined persons, in the case of any other violation of GDOC sexual abuse or sexual harassment policies by a contractor or volunteer.

	<p>The facility is required to take appropriate remedial measures and to consider whether to prohibit further contact with inmates in the case of any other violation of department sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The interview with the Superintendent confirmed any contractor or volunteer who violates GDOC sexual abuse and sexual harassment policies are prohibited from working with confined persons and removed from the facility.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.77 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.78:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Confined person Discipline, SOP 209.01 4. SOP 209.01, Confined person Discipline, Authorized Discipline Sanctions List, Attachment 5 5. SOP 209.01, Confined person Discipline, MH/MR Evaluation for Disciplinary Action, Attachment 9 <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (3)</p> <ol style="list-style-type: none"> 1. Superintendent 2. Medical Staff 3. Mental Health Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.78 (a): GDOC Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 34) requires confined persons be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the confined person engaged in confined</p>

person-on- confined person sexual abuse or a criminal finding of guilt for confined person-on- confined person sexual abuse. These sanctions shall be imposed in accordance with SOP 209.01, Confined person Discipline and Attachment 5 of said policy, Authorized Discipline Sanctions List. Further, GDOC prohibits all consensual sexual activity between confined persons, and confined persons may be subject to disciplinary action for such activity.

GDC policy prohibits all consensual sexual activity between offenders and offenders may be subject to disciplinary action for such activity. Consensual sexual activity between offenders does not constitute sexual abuse but is considered a disciplinary issue. Paragraph b. requires that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following and administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. The sanctions that may be imposed are prescribed in Standard Operating Procedures 209.01, Offender Discipline.

In response to the PAQ, the facility reported there administrative and criminal findings of confined person- on-confined person sexual abuse have occurred at the facility during the past 12 months.

In the past 12 months, the number of administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility: 0

In the past 12 months, the number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility: 0

115.78 (b): Applying Integrated Treatment Facility' PREA Implementation Manual (p. 34) stipulates in part, "Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the confined person's confined person's disciplinary history, and the sanctions imposed for comparable offenses by other confined persons with similar histories."

Interviewed OPS investigator indicated when an inmate violated a sexual abuse policy, the inmate would be charged with a crime by the Office of Professional Services investigator, who has arrest powers, and referred to the prosecutor for prosecution for the offense. If the violation was less than sexual abuse it would be treated as a rule violation and the inmate would be provided a "due process" hearing. Prior to sanction being imposed the officers are required to take into account past history as well as any mental or developmental issues. Sanctions would be imposed based on the inmates' disciplinary code.

Interviewed Superintendent indicated that sanctions are proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. The disciplinary process will follow the guidelines from the inmate sanction list.

115.78 (c): GDOC's PREA policy (p. 34) requires the agency's discipline process to consider whether the confined person's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be

imposed. The facility uses GDOC's MH/MR Evaluation for Disciplinary Action form to evaluate a confined person's mental health status.

The interview with the Superintendent confirmed the facility would take a confined person's mental disability or mental illness into consideration when determining sanctions after generating a discipline report.

115.78 (d): GDOC PREA policy (p. 34) addresses if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer or require the perpetrator to participate in such interactions as a condition of access to programming or other benefits.

Policy requires that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. And if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility is required to consider whether to offer the offending offender to participate in such interactions as a condition of access to programming or other benefits.

Mental health staff confirmed during interview that Applying Integrated Treatment Facility offers individual and group therapy classes, trauma, coping skills etc. to address and correct any underlying reasons or motivations for sexual abuse. She indicated they do not force offending confined persons to participate, rather place emphasis on the benefits for participation.

115.78 (e): GDOC Policy (p. 35) indicates a confined person may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.

115.78 (f): GDOC prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. GDOC's PREA policy (p. 35) addresses this provision verbatim and further indicates any individual proven false allegations will result in disciplinary action for making a false allegation will receive a disciplinary report and may be subject to prosecution. Additionally, any person who willfully and knowingly gives or causes a false report of sexual harassment will be subject to disciplinary action in accordance with SOP 209.01 Confined person Discipline.

115.78 (g): GDOC's PREA policy (p. 34) stipulates in part, "The Department prohibits all consensual sexual activity between confined persons, and confined persons may be subject to disciplinary action for such activity". Consensual (non-coerced) sexual activity between confined persons does not constitute sexual abuse but, is considered a disciplinary issue. All instances of sexual contact between confined persons will be treated as non-consensual unless proven otherwise during the course of an investigation. There were no confined person disciplinary reports for sexual activity between confined persons to review during this audit cycle.

	<p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.78 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.81:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Referrals to Mental Health (0) 4. SOP 508.22 Mental Health Management of Suspected Sexual Abuse or Sexual Harassment <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Medical Staff 2. Mental Health 3. Staff Responsible for Risk Screening 4. Confined Persons Who Disclosed Prior Sexual Victimization During Risk Screening (0) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <p>Observation of the Initial Intake PREA process and risk screening.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.81 (a) (c): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 25) requires GDOC to requires that the GDOC to provide prompt and appropriate medical and mental health services in compliance with 28 CFR 115 and in accordance with the GDOC Standard Operating Procedures and stipulates in part (p. 25) that “Confined persons whose</p>

screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior must be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening.”

Upon arrival to the facility confined persons undergo an intake risk screening. If the risk screening results indicate that an confined person experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the confined person is offered a follow up meeting with medical and mental health, referrals are generated. Confined persons are able to either accept or refuse a follow-up meeting with medical or mental health staff if they choose.

In response to the PAQ, the facility reported confined persons disclosed prior victimization during screening during the past 12 months preceding the audit: 1

The interview with a staff member responsible for conducting risk screening indicated when confined persons disclose sexual victimization during intake; they are referred to mental health services for an evaluation within 14 days.

In the past 12 months, the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: (100%)

115.81 (b): As noted in provision (a) GDOC’s PREA policy requires confined persons have follow-up meeting with a medical or mental health practitioner within 14 days if they disclose a history of sexually assaultive behavior.

In the past 12 months, the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner: (100)

115.81 (c): Upon arrival to the facility, confined persons undergo an intake screening process. If risk screening results indicate that an confined person has a history of sexually assaultive behavior whether it occurred in an institutional setting or in the community, the confined person is offered a follow up meeting with medical or mental health care staff and referrals are generated. Confined persons can either accept or refuse a follow-up meeting with medical or mental health staff if they choose.

115.81 (d): GDOC policy (p. 21), any information related to sexual victimization or abusiveness, including the information entered into the comment section of the intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment, security, management, and classification decisions.

Documentation is both physically and electronically secured.

115.81 (e): GDOC Policy Informed Consent addresses informed consent requirements.

The interview with medical staff indicated they must obtain consent from confined persons to report sexual victimization that did not occur in a prison or jail.

	<p>There was one (1) confined persons interviewed who disclosed prior victimization. The agency's PREA Coordinator ensured all applicable staff was retrained on GDOC's requirements for informed consent.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.81 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.82	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.82:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, PN 508.22 (eff. 5/3/18) 4. Confined person Handbook, English and Spanish <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff (2)</p> <ol style="list-style-type: none"> 1. Medical Staff 2. PREA Compliance Manager 3. Targeted Confined persons Who Reported a Sexual Abuse (0) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.82 (a): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36) in part states, "The Department shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR § 115 and in accordance with the Department Standard Operating Procedures regarding medical and mental health care." In review of applicable GDOC policies and procedures Applying Integrated Treatment Facility</p>

ensures that confined person victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and the services are within the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The SART is required to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours.

GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abuse Behavior Prevention and Intervention Program requires the facility to provide prompt and appropriate medical and mental health services in compliance with this standard. It requires SART to arrange for immediate medical examination of the alleged victim, followed by a mental health evaluation within 24 hours. One of the SART members is a health services administrator. Medical staff is required to contact the appropriate Sexual Assault Nurse Examiner, who will respond as soon as possible, but within 72 hours of the time the alleged assault occurred to collect forensic evidence. The facility provided the agency's procedures for SANE Nurse Evaluation/Forensic Collection. This document provides detailed procedures beginning with the initial report of sexual abuse or assault. Medical staff is charged with conducting an initial assessment of the offender to determine if there is evidence of physical trauma requiring immediate medical intervention in accordance with good clinical judgement.

Medical staff immediately initiates all necessary urgent/emergent treatment for bleeding, wounds, and other traumas. They then complete the Nursing Protocol Assessment Form for alleged sexual assault. Facility clinicians document physical examinations in the progress notes. When medically indicated medical staff are required to arrange transfer of the offender (if no SANEs are available on site) to the designated emergency facility for continued treatment and collection of forensic evidence. If an alleged assault occurred within 72 hours of the reported incident and the offender does not require transport to the emergency room, the designated facility SANE (from the list of SANE nurses) shall be immediately notified and an appointment scheduled for the collection of forensic evidence.

Medical and mental health services are offered on-site at Appling Integrated Treatment Facility. Confined persons get immediate care when and as needed. The interviews with medical and mental health confirmed immediate care and crisis intervention for confined persons following an allegation of sexual abuse or prior victimization of sexual abuse.

This process will occur only if there has been penetration, including oral penetration, reported by the patient. Otherwise, no rape kit will be collected. If the sexual assault occurred more than 72 hours previously, the decision on whether the evaluation is done by a local hospital, by the SANE nurse, or facility staff will be made on a case-by-case basis. The decision is made by the health authority in consultation with the facility investigator and in accordance with GDC PREA Policy requires that if the facility does not have a designated SANE Nurse, the offender is sent to the designated emergency room for collection of forensic evidence.

The facility maintained a Medical PREA Log by medical Staff regarding sexual

assaults. This log includes the following information:

1. Logs the date of the incident.
2. Reported within 72 hours.
3. Transport to ER.
4. Inmate consent signed.
5. SANE notified.
6. Time notified.
7. Date Exam Scheduled.
8. Date Exam completed.
9. Time SANE arrived.
10. SANE Conducting the Exam.
11. Company Chain of Command for Rape Kit, and.
12. Date the rape kit is accepted by security.

There was no confined person who reported sexual abuse at the facility to interview.

115.81 (b): Qualified medical professionals are on site at Appling Integrated Treatment Facility that responds to emergencies. First responders take preliminary steps to protect the alleged victim. Initial responsibilities include separating the alleged abuser from the victim and notifying medical and mental health practitioners.

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Georgia DOC Policy, 208.6, describes, in detail, actions to take upon learning that an inmate has been the victim of sexual abuse. Actions described included the expectations for non- security first responders. Policy and local operating procedures require that upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report is to respond in the following manner:

1. Separate the alleged victim and abuser.
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with SOP IK1-0005, Crime Scene Preservation.
3. If the abuse occurred within 72 hours 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.

4. If the abuse occurred within 72 hours ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, or eating.

5. If the first responder is not a security staff, the responder is required to request that the alleged victims not take any action that could destroy physical evidence and notify security staff immediately.

The Sexual Assault Response Team will be notified and will implement the local protocol.

The local protocol, "PREA Reporting Process" describes the actions taken by the First Responders, notification of the OIC/Duty Officer, Superintendent's Notification, and the actions of the Sexual Assault Response Team Leader, medical involvement, and mental health involvement. SART conducts the initial investigation. Duties of each SART member are identified and include duties for the SART leader, security, the counselor, and Health Services. Lastly the SART Investigation Process is detailed. This document serves as the facility's coordinated response plan.

Following the initial first response from the staff first becoming aware of an incident or allegation of sexual abuse, staff would contact the Sexual Assault Response Team who would take over once on the scene. They would then be responsible for ensuring the potential crime scene is protected and secured and notify the Office of Professional Standards investigators would advise the SART and then come on site if needed to collect evidence and assume the investigation.

The interviews with twelve (12) staff members confirmed they were all knowledgeable of first responder protocols and would be able to act accordingly in the event of an incident of sexual abuse. Specifically, they indicated the first action would protect the victim by separating the victim from the abuser. Other duties include preserving the scene so proper evidence could be collected for law evidence, i.e., changing clothes, brushing teeth, using the restroom. First responder security staff would also ensure the alleged abuser does not take any actions that could destroy evidence.

115.82 (c): Confined person victims of sexual abuse are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis in accordance with GDOC's Medical Management of Suspected Sexual Assault, Abuse or Harassment policy (p. 5). GDOC Policy requires that when a confined person makes an allegation of sexual abuse, the confined person will be interviewed in private to determine the nature and timing of the assault and extent of physical injuries. First Aid and emergency treatment will be provided in accordance with good clinical judgment. If the assault occurred within the previous 72 hours, the confined person will be counseled regarding need for a medical evaluation to determine the extent of injuries and testing and treatment for sexually transmitted infections. If the confined person needs emergency care beyond the capability of the facility, he or she will be transported to the local hospital. The SANE and health care staff is utilized to provide the victim with information about access to emergency prophylactic treatment of sexually transmitted infections. The interview with medical staff verified these

	<p>procedures.</p> <p>Inmate victims of sexual abuse while incarcerated shall be 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.</p> <p>Interviewed medical staff indicated that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.</p> <p>The facility reported during the 12-months preceding the audit there was no SANE exam was conducted.</p> <p>115.82 (d): In response to the PAQ, the facility reported treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In review of one investigative file for a confined person who alleged sexual abuse by a staff member, there was no indication that the confined person was expected to make payment for any services.</p> <p>Treatment services shall be 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.</p> <p>GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee, requires that medical care initiated by the facility is exempt from health care fees.</p> <p>The department has promulgated a Local Procedure Directive encompassing the procedures related to responding to victims of sexual assault and the victim is provided the opportunity for a forensic exam as soon as possible. Forensic exams are provided at no cost to the victim.</p> <p>The interview with the PREA Compliance Manager verified this information and indicated there have not been instances involving the need for these services during or before this audit cycle.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.82 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
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Auditor Overall Determination: Meets Standard

Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.83:

1. Applying Integrated Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)
3. Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, PN 508.22 (eff. 5/3/18)
4. Medical Management of Suspected Sexual Assault, Abuse or Harassment, RN VH82-0002
5. Confined Person Handbook
6. Applying Integrated Treatment Facility's PREA Local Procedure Directive and Coordinated Response Plan, Attachment 7
7. GDOC Procedure for Sane Nurse Evaluation/Forensic Collection
8. Medical Management of Suspected Sexual Assault Scope of Treatment Services, PN507.04.07

In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:

Specialized Staff (3)

1. SAFE/SANE
2. Medical Staff
3. PREA Compliance Manager
4. Targeted Confined persons Who Reported a Sexual Abuse (0)

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.83 (a): GDOC Policies, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment (pp. 1-8) and Medical Management of Suspected Sexual Assault, Abuse or Harassment (pp. 1-6) address the requirements of offering medical and mental health evaluations and treatment as clinically indicated to all confined persons who have been victimized by sexual abuse. Applying Integrated Treatment Facility's PREA Local Procedure Directive and Coordinated Response Plan require victims of sexual abuse to receive a mental health evaluation promptly within 24 hours and medical assessments.

The facility shall 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.

The agency's "Procedure for SANE Nurse Evaluation/Forensic Collection" provides specific actions required when an inmate alleges sexual abuse/assault. It requires that

following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for STIs. A follow up visit by a clinician is required three working days following the exam. The facility has facility specific coordinated response plan (Local Procedure Directive). This plan requires each victim receive a mental health evaluation within 24 hours.

115.83 (b): GDOC policies and procedures Mental Health Management of Suspected Sexual Abuse or Sexual Harassment (pp. 1-8) and Medical Management of Suspected Sexual Assault, Abuse or Harassment (pp. 1-6) addresses the requirements of medical and mental health evaluations and treatment. Interviews with medical and mental health personnel indicated individualized treatment plans are prepared for each victim, including future follow up care if indicated. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or replacement in, other facilities, or their release from custody.

Interviewed mental health care staff was asked, "What does evaluation and treatment of inmates who have been victimized entail?" Staff indicated that offenders that are victims of sexual abuse or sexual harassment are given a mental health evaluation that focuses on the emotional impact of the incident on mental health. The offenders are evaluated to determine any anxiety or depressive symptoms related to the trauma. Offenders are often referred for counseling, psychotherapy, and or Psychiatric medications to assist with managing symptoms. A comprehensive Treatment Plan is completed on these needing services from these incidents. Treatment group sessions are provided.

There was no confined person who reported a sexual abuse at the facility to interview.

115.83 (c): The interviews with both medical and mental staff confirmed the level of care for confined persons receive at Appling Integrated Treatment Facility is consistent with that of the community level of care. Per policy, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment (P. 2) requires mental health counselors to be a mental health counselor or Master's level behavior specialist who has successfully completed the Georgia Department of Corrections course of "Evaluation and Treatment of Sexual Assault and Victims of Abuse. A Specially Trained Counselor shall also be a licensed psychiatrist, psychologist, or advanced practice registered nurse. Interviews with a random sample of confined persons confirmed no issues or concerns with the medical and mental health departments.

The facility shall provide such victims with medical and mental health services consistent with the community level of care.

Interviewed medical staff indicated that the facility medical and mental health services offered is consistent with community levels of care, if not higher.

115.83 (d): GDOC's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when a confined person alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for sexually transmitted infections as well as pregnancy prophylactics if applicable. A pregnancy test is offered and should be given prior to administering any medication.

Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

Interviewed medical staff was asked, "If pregnancy results from sexual abuse while incarcerated, are victims given timely information and access to all lawful pregnancy related services?" Staff stated that this does not apply to our facility. Our facility is male only.

This facility does not house female confined persons.

115.83 (e): GDOC's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when a confined person alleges sexual abuse/assault and all female confined persons will have access to reproductive and gynecological services per GDOC policy, Scope of Treatment (p. 3).

If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Interviewed medical staff was asked, "if pregnancy results from sexual abuse while incarcerated, are victims given timely information and access to all lawful pregnancy related services?" Staff stated "this does not apply to our facility. Our facility is male only."

115.83 (f): The agency's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when a confined person alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for sexually transmitted infections as well as pregnancy prophylactics if applicable. A follow up visit by a clinician is required three working days following the exam.

Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

115.83 (g): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program address providing treatment for services victims of sexual abuse without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation.

Treatment services shall be 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.

	<p>GDC Policy VH07-001 Health Services, E., Medical Services Deemed Necessary Exempt from Fee, requires that medical care initiated by the facility is exempt from health care fees.</p> <p>The department has promulgated a Local Procedure Directive encompassing the procedures related to responding to victims of sexual assault and the victim is provided the opportunity for a forensic exam as soon as possible. Forensic exams are provided at no cost to the victim.</p> <p>115.83 (h): GDOC Policy requires that the facility attempt to conduct a mental health evaluation of all known confined person on confined person abusers within 60 days of becoming aware of such history and offer treatment as appropriate.</p> <p>All prisons shall 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.</p> <p>GDC policy requires that the facility attempt to conduct a mental health evaluation of all known inmate on inmate abusers within 60 days of becoming aware of such history and offer treatment as appropriate.</p> <p>The interview with mental health staff confirmed they attempt to conduct mental health evaluations no later than 60 days after being notified of a confined person abuser.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.83 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.86:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. GDOC's Sexual Abuse Incident Review Checklist, PN 208.06, (Att. 9) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p>

Specialized Staff (3)

1. Superintendent
2. PREA Compliance Manager
3. Incident Review Team

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.86 (a): The facility shall 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.

GDOC's PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 31) requires facilities to conduct a Monthly Sexual Abuse Program Review. In instances of sexual abuse, the facility is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation that is determined to be substantiated or unsubstantiated. The purpose to review and assess the facility's PREA prevention, detection, and response efforts pursuant to the Sexual Abuse Incident Review Checklist. This review is conducted by the facility's Sexual Abuse Incident Response Team.

The facility provided the auditor documentation entitled "Sexual Abuse Incident Review Checklist". The facility conducts a sexual abuse incident review at the conclusion of every substantiated and unsubstantiated sexual abuse investigation. The review shall be conducted during the monthly designated PREA meeting but no more than within 30 days of the conclusion of the investigation.

The Sexual Abuse Incident Review Checklist include the inmates name, date, the checklist which includes all required questions, improvements, superintendent/ superintendent review, and when the PREA compliance manager was notified.

Allegations made through the grievance process were turned over to the SART for investigation and not processed through the regular grievance process.

The PREA Unit has a process in place call "PREA Coordinator Investigation's Overview" which included the following information:

- O SART Investigator Summary
- O PREA Compliance Manager Comments
- O PREA Coordinator Comments
- O PREA Case Closed Details

In response to the PAQ: In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 6

115.86 (b): Such review shall ordinarily occur within 30 days of the conclusion of the

investigation.

GDOC's PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 31) requires a sexual abuse incident review be completed at the conclusion of every sexual abuse investigations that is determined to be substantiated or unsubstantiated. Policy does not stipulate it be conducted within 30 days however; it does require the facility to submit a report to the Department's PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator's office. The report is to be submitted via email and include all allegations investigated during the month.

In response to the PAQ: In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents: 1

115.86 (c): The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

GDOC's PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 3), defines a facility's Sexual Abuse Incident Review Team is a team that consists of upper-level management representatives. The Sexual Abuse Incident Review Team allows for input from line supervisors, investigator, medical, mental health, facility victim advocate, and retaliation monitor, members of the Sexual Abuse and Sexual Harassment Response Team.

Policy requires that the members of the incident review team consist of the PREA compliance manager, SART, and representatives from upper-level management, line supervisors and other staff members, as designated by the superintendent of the facility. The superintendent provided a memo designating the members of the SART for the facility.

During interview the superintendent indicated that the facility has a review team and the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Upper-level management listed are the assistant superintendent, and the Chief of Security.

During interview the PREA compliance manager indicated that the facility conducts sexual abuse incident review at the conclusion of every substantiated, unsubstantiated and unfounded sexual abuse investigation which is led by SART.

115.86 (d): GDOC's, policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, attachment 9, Sexual Abuse Incident Review Checklist requires the incident review team to review the following:

- Consider whether the allegation indicates a need for policy or practice change.
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity, gender identity, sexual orientation, gang affiliation or by group

	<p>dynamics at the facility.</p> <ul style="list-style-type: none"> - Examine the area in the facility where the incident allegedly occurred for anything that could possibly enable abuse. - Assess the adequacy of staffing levels in areas during different shifts. - Assess whether monitoring technology should be deployed or augmented. <p>All findings and recommendations for improvement will be documented on the Sexual Assault Incident Review.</p> <p>The interviews with the Superintendent, PREA Compliance Manager and an incident review team member indicated the review team takes confined person race, sexual orientation and identification, possible gang affiliations or other group dynamics into consideration. Additionally, they determine whether physical barriers and staffing levels or lack of monitoring technology may have enabled abuse. Reports are submitted to the Superintendent and PREA Compliance Manager.</p> <p>115.86 (e): The facility shall implement the recommendations for improvement or shall document its reasons for not doing so.</p> <p>The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.86 based upon documentation provided and interviews conducted.</p> <p>The standard is rated exceeds, utilizing funding from the BJA-2020-17233 grant, the agency has added a module to the SCRIBE, the GDOC offender data management system that allows each facility's SART investigator to upload PREA investigations for the PREA Unit's review. Items can be uploaded to include photos and multiple document formats; this will allow for better central office review. Using this storage method also ensures a centralized and permanent retention of investigations.</p> <p>In addition, a portion of the funding was utilized to reach-out to the PREA Auditors of America (PAOA) to review the agency's investigations processes; the PAOA developed a training program to assist the agency in addressing identified areas of concerns.</p> <p>PAOA provided train-the-trainer training to the GDOC PREA Unit. This unit is responsible for providing training for Agency PREA Compliance Managers and SART investigators.</p> <p>Corrective Action: (None)</p>
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115.87	Data collection
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.87:

1. Applying Integrated Treatment Facility Pre-Audit Questionnaire
2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22)
3. Bureau of Justice Statistics Survey of Sexual Victimization
4. GDOC PREA Annual Reports (2018, 2019, 2020, 2021, 2022)
5. Incident Demographic Report

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):

115.87 (a) (c): GDOC collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions as required in their policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 36-37). Data collection begins with each facility submitting a report to GDOC's PREA Analyst each month using the electronic spreadsheet provided by the PREA Coordinator. Facilities are required to submit the form via email no later than the fifth calendar day of the month following the reporting month. All allegations, including dispositions are to be included in the report. The incident-based data collected is based on the most recent version of the Survey of Sexual Violence (SSV) conducted by the US Department of Justice.

The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

GDC Policy 220.09 Classification and Management of Transgender and Intersex Offenders states that GDC will screen all offenders within (24) hours by using the PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument in SCRIBE.

The Georgia Department of Corrections collects accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions and aggregates the incident-base sexual abuse data at least annually.

GDC Policy 208.06, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program, j.3, requires each facility to submit to the department's PREA analyst, each month, a report, using the electronic spreadsheet provided from the PREA coordinator's office. The form submitted by email the fifth calendar day of the month following the reporting month. It requires that allegations occurring within the month will be included on this report along with the appropriate disposition. The monthly report is to be completed in accordance with the Facility PREA Log User Guide.

Data is collected from each of the facilities and aggregated. Georgia DOC compiles and investigates PREA allegations in 4 major categories including:

1. Staff on inmate Abuse
2. Staff on inmate Harassment
3. Inmate on inmate Abuse
4. Inmate on inmate Harassment

The report provided data regarding the total number of allegations from all facilities and then it breaks the allegations down into those that were substantiated, unsubstantiated and unfounded. A chart then breaks down the data by facility. The report concluded with a breakdown of PREA related initiatives in each of the Georgia Department of Corrections. Statistics are provided for each GDC facility.

The GDC PREA Unit has a dedicated staff person, an analyst, who collects and analyzes the data. Based on the data reviewed the GDC can track allegations and investigations and findings from each facility and assess the need for any corrective actions.

The auditor reviewed GDOC's 2018, 2019, 2020, 2021, and 2022 PREA Annual Reports, available on the agency's website. The data collected includes, minimally, the data necessary to answer the questions on the most recent Survey of Sexual Violence.

115.87 (b) GDOC publishes incident-based data in an annual report, comparing each year's data, and provides an assessment of progress in addressing confined person sexual abuse as required in their policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36).

The auditor reviewed the Georgia Department of Corrections 2022 Annual PREA Report. The report incident-based sexual abuse data is aggregate annually and approve by the agency.

115.87 (c): The incident-based data collected includes, 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.

115.87 (d): GDOC maintains, reviews, and collects data as needed from all available incident- based documents, including reports, investigation files and sexual abuse incident reviews as evidenced by its detailed and comprehensive PREA Annual Reports.

115.87 (e): GDOC obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its confined persons. In review of the 2022 PREA Annual Report, GDOC has 36 state prison facilities, 15 transitional centers, 7 probation detention centers, 12 confined substance abuse treatment centers (RSAT), 2 integrated treatment facilities, 21 county correctional institutions

	<p>and 4 private prisons. Information is collected and aggregated from all the GDOC operational facilities.</p> <p>115.87 (f): The GDOC’s PREA Unit provides, upon request, all such data from the previous calendar year to the Department of Justice no later than June 30th.</p> <p>The auditor has determined current operations and practices exceed the requirements of PREA Standard 115.87 based upon documentation provided and interviews conducted.</p> <p>This standard is rated “exceeds” because of the sophisticated reports the GDOC PREA Analyst generates in support of the PREA Audit process. In addition to the monthly reports of sexual abuse/sexual harassment submitted to the PREA Unit from which the Annual Report is compiled, the PREA Analyst secures a report of disabled inmates/ inmates for the auditor prior to each audit, enabling the auditor to identify inmates who are hearing or visually impaired or otherwise disabled. Also, prior to each audit the PREA Analyst provides the auditor with a report of all calls to the PREA Hotline during the past twelve (12) months. Where names are associated with the hotline calls, these are provided to the auditor.</p> <p>Corrective Action: (None)</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.88:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 3. GDOC Annual PREA Reports (2012 - 2022) 4. Department of Justice (DOJ) Survey of Sexual Victimization (SSV-2) State Prisons Systems Summary Form 5. Agency Website: www.dcor.ga.state.us <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (3)</p> <ol style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator 3. PREA Compliance Manager <p>The following describes how the evidence above was used to draw the conclusion</p>

regarding compliance (By Provision):

115.88 (a): In response to the PAQ, the facility reported its agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. PREA policy, Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36-37) stipulates the agency will review aggregated data collected of all sexual abuse allegations in order to improve staff performance, identify problem areas, and improve facility operations and confined person sexual safety. The incident-based data includes data to answer all the questions from the most recent version of the Department of Justice Survey of Sexual Violence (SSV-2). The review consists of identifying problem areas, on-going corrective action and the preparation of the annual report. The annual report will include findings and any necessary corrective action.

Interviews with the agency head and PREA coordinator confirmed the use of incident-based sexual abuse data is a process of annual review and taking on-going corrective action to determine how data can improve the quality of service and improve confined person and staff sexual safety. The agency head (designee) added at minimum, a monthly data report (Commissioner's monthly roll-up) is submitted by the PREA Coordinator's office and reviewed by Executive Leadership. The report contains trending charts to gauge allegation types and dispositions with an emphasis on substantiated allegations. Additionally, the agency has a dedicated, full-time PREA Analyst that compiles data and reviews it for trends relating to sexual abuse and sexual harassment.

115.88 (b): Reports shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

During calendar year 2020, there were 1,421 PREA allegations reported at our GDC operated and contracted facilities. Of those 1,421 allegations, 312 (22%) were Staff-to-Inmate Harassment; 230 (16%) were Staff-to-Inmate Abuse; 407 (29%) were Inmate-to-Inmate Harassment; and 472 (33%) were Inmate-to-Inmate Abuse.

During calendar year 2021, there were 1,131 PREA allegations reported at our GDC operated and contracted facilities. Of those 1,131 allegations, 558 (49%) were unsubstantiated; 401 (36%) were unfounded; 133 (12%) were deemed not PREA; 39 (3%) were substantiated; and none are pending investigation.

The analysis is attributed to the following factors; Increased education in the definitions of what does, and does not meet the definition of PREA; A significant decrease in the use of the PREA Hotline to report false allegations; Process improvements and prevention training; and Improvements in investigative procedures. The auditor determined the reports contained all required information pursuant to this provision.

115.88 (c): The interview with the agency head (designee) indicated the agency head approves all PREA Annual Reports prior to posting on the agency's website. The

	<p>auditor reviewed the agency website, www.dcor.state.ga.us/ and located Annual PREA Reports from 2012 to 2022.</p> <p>115.88 (d): The interview with the agency’s PREA Coordinator confirmed any information that would compromise the confidentiality of reported information and any information that would breach the safety and security of GDOC, staff, and/or confined persons would be redacted. Redacted information can include, but is not limited to personal identifiers for confined persons and staff, specific incident locations, facility schematics etc.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.88 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.89	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.89:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 6/23/22) 3. GDOC Agency Website (http://www.dcor.state.ga.us/) 4. PREA Coordinator Data Storage Secure File Cabinet Picture <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p>Specialized Staff: (1)</p> <p>PREA Coordinator</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.89 (a): In response to the PAQ, the facility indicated GDOC is required to securely maintain all collected and aggregated data. The interview with the PREA Coordinator confirmed the PREA Unit gathers intelligence from facility reports that are sent directly to the PREA unit staff. The PREA Unit maintains the records, electronically, on a secure network drive.</p> <p>115.89 (b): In response to the PAQ, the facility indicated GDOC Agency policy</p>

	<p>requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. The auditor reviewed the 2019, 2020, 2021, and 2022 Annual PREA Reports on the agency’s website.</p> <p>115.89 (c): In response to the PAQ, the facility indicated the agency is required to remove all personal identifiers prior to publishing the aggregated data on its public website. The auditor reviewed the agency’s website and reviewed the 2019, 2020, 2021, and 2022 Annual PREA Reports and found no personal identifiers.</p> <p>115.89 (d): Policy 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 37) require retention of PREA related documents and investigations to be securely retained for at least 10 years from the date of the initial report. The agency’s website contains historical PREA reports since 2012 through 2021.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.89 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.401: Documents:</p> <ol style="list-style-type: none"> 1. Applying Integrated Treatment Facility Pre-Audit Questionnaire 2. Applying Integrated Treatment Facility PREA Report April 2021 3. Applying Integrated Treatment Facility Literature Posted (Audit Notices) 4. Georgia Department of Corrections Agency Website (http://www.dcor.state.ga.us/) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.401 (a): GDOC ensures that 1/3 of their prisons are audited each year for compliance with the PREA Standards each year so that at the end of the 3-year cycle, all prisons have been audited. The Applying Integrated Treatment Facility was previously audited for compliance with the PREA Standards April 2021. The auditor reviewed the agency’s website, http://www.dcor.state.ga.us/, and verified Applying Integrated Treatment Facility had a PREA audit in April 2021. The PREA Coordinator also relayed to the auditor that all GDOC facilities are undergoing 1st Cycle PREA</p>

audits.

GDOC Policy, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, (pp. 31-32) addresses the requirement that the Department will conduct audits pursuant to 28 C.F.R/ 114.401-405. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator. The Georgia Department of Corrections also contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state confined persons) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department's PREA Coordinator upon completion of the audit and must be conducted every three years. The auditor reviewed the agency's website and verified Appling Integrated Treatment Facility had a PREA audit in April 2017 during the 2nd audit cycle. The auditor noted both reports on the agency website. The current PREA audit is the Appling Integrated Treatment Facility's is in the 1st audit cycle.

115.401 (b): The auditor reviewed the agency's website; and verified Appling Integrated Treatment Facility had PREA audits in 2018, and 2021.

The auditor reviewed the Georgia Department of Corrections website; all GDOC facility's PREA audits reports are posted on the site to include Annual PREA Reports.

115.401 (h): The auditor was provided unfettered access to all areas of the facility during this PREA audit.

During the site review the auditor had access to the entire facility. The auditor was accompanied by facility staff and one staff members from the GDOC PREA Unit. The auditor tested phones in the day-rooms to confirm they were operational. The PREA Unit confirmed receipt of the call via email. The auditor informally interviewed staff, contractors, and confined persons during the site review.

The auditor observed the secure records room located in the Admin area. Posted at the door was a list of staff members that had access to this area, this is a restricted area for all confined persons.

The auditor was able to observe the intake and risk screening process. The new arrival was screened in complete privacy by the counselor.

During the site tour, the auditor observed audit notices posted throughout the administrative area, posted at staff time clocks, visitation, medical, control booth, all dorms (A, B, C, D), barbershop, intake, shake down, mental health, classroom, maintenance shop, laundry, chow hall, and back gate.

115.401 (i): The auditor received documents as requested, including those stored electronically.

The auditor requested additional documentation for clarification during the report writing phase. The auditor requested additional documentation for standards 115.41 and 115.67 to confirm compliance with all standards. The information was provided as requested.

After the on-site the auditor requested assessment and reassessment for all confined persons formally interviewed for standard 115.41, this information was provided by the facility expeditiously. In addition, the auditor requested the Local Directive Coordinated Response Plan for standard 115.67.

The facility provided all investigations for the last 12-months for the auditor to review.

The facility uploaded information into the PRC Online Pre-Audit Questionnaire and the information reviewed on-site were more than sufficient to determine compliance with all PREA standards, this Applying ITF exceeds multiple standards.

115.401 (m): The auditor was provided a space for private, uninterrupted interviews with confined persons during this PREA audit. Staff ensured that confined person were readily available for interview with the auditor. There were no volunteers on-site to interview during the audit. All persons interviewed were forthcoming; one confined person with a cognitive disability had difficulties communicating with the auditor. Six confined persons were selected for interview and twenty random confined persons were interviewed. The auditor had no issues completing interviews with staff, contractor, and confined persons.

All interviews with confined persons, staff, contractors, and specialized staff were conducted in privacy, all persons interviewed were forthcoming. Staff assisted the auditor by ensuring confined persons were readily available for interview.

115.401 (n): Confined persons were not prohibited from sending confidential information or correspondence to the auditor, unopened and sealed.

The auditor sent Audit Notices to the facility 45 days prior to the on-site audit. The auditor was provided a Word document with photos with the locations of the posting of the Audit Notices throughout the facility during the on-site portion of the audit. During the site review, the auditor observed Audit Notices posted throughout the facility in areas accessible to confined persons, visitors, contractors, volunteers, and staff. The auditor received no correspondence from any confined person, staff, contractor, volunteers, or outside interested parties.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.401 based upon documentation provided.

Corrective Action: (None)

115.403	Audit contents and findings
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1469 416">In order to decide compliance determination for this standard, the following policies and other documentation were reviewed for standard 115.403:</p> <ol data-bbox="280 456 1347 654" style="list-style-type: none"> 1. A1 - GDC Policy 208.6. Prison Rape Elimination Act-PREA, Sexually Abuse Behavior, Prevention and Intervention Program 2. GDOC website; http://www.dcor.state.ga.us/ 3. Agency Website (PREA Cycles) 4. Interviews <p data-bbox="280 694 1469 806">115.403 (a): Each audit shall include a certification by the auditor that no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review. Compliant.</p> <p data-bbox="280 891 1461 1003">115.403 (b): Audit reports shall state whether agency-wide policies and procedures comply with relevant PREA standards. Compliant.</p> <p data-bbox="280 1043 1469 1245">115.403 (c): For each PREA standard, the auditor shall determine whether the audited facility reaches one of the following findings: Exceeds Standards, Meets Standards; Or Does Not Meet Standard. The audit summary shall indicate, among other things, the number of provisions the facility has achieved at each grade level. Compliant.</p> <p data-bbox="280 1285 1477 1442">115.403 (d): Audit reports shall describe the methodology, sampling sizes, and basis for the auditor’s conclusions about each standard provision for each audited facility and shall include recommendations for any required corrective action. Compliant.</p> <p data-bbox="280 1482 1469 1639">115.403 (e): Auditor shall redact any personally identifiable confined person or staff information from their reports, but shall provide such information to the agency upon request, and may provide such information to the Department of Justice. Compliant.</p> <p data-bbox="280 1680 1442 1836">115.403 (f): The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one or is otherwise made readily available to the public. Compliant.</p> <p data-bbox="280 1877 1477 1953">The auditor has determined current operations and practices meet the requirements of PREA Standard 115.403 based upon documentation provided.</p> <p data-bbox="280 1993 638 2029">Corrective Action: (None)</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

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

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

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

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

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

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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