

PREA Facility Audit Report: Final

Name of Facility: Bacon Transitional Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/08/2024

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: James Kenney	Date of Signature: 10/08/2024

AUDITOR INFORMATION	
Auditor name:	Kenney, James
Email:	kenney.consult@gmail.com
Start Date of On-Site Audit:	09/23/2024
End Date of On-Site Audit:	09/24/2024

FACILITY INFORMATION	
Facility name:	Bacon Transitional Center
Facility physical address:	165 Eastside Industrial Park, Alma, Georgia - 31510
Facility mailing address:	

Primary Contact

Name:	Lisa Crosby
Email Address:	lisa.crosby@gdc.ga.gov
Telephone Number:	9122780763

Facility Director	
Name:	Lonnie Pritchett
Email Address:	lonnie.pritchett@gdc.ga.gov
Telephone Number:	912-632-8157

Facility PREA Compliance Manager	
Name:	Lisa Crosby
Email Address:	lisa.crosby@gdc.ga.gov
Telephone Number:	O: (912) 632-8157

Facility Health Service Administrator On-Site	
Name:	Terri Helton
Email Address:	thelton@teamcenturion.com
Telephone Number:	9126328157

Facility Characteristics	
Designed facility capacity:	277
Current population of facility:	237
Average daily population for the past 12 months:	224
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	18-99
Facility security levels/resident custody levels:	minimum, medium, and close
Number of staff currently employed at the facility who may have contact with residents:	81
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	9
Number of volunteers who have contact with residents, 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

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:

1

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

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:	2024-09-23
2. End date of the onsite portion of the audit:	2024-09-24

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:	Sexual Abuse Response Team, Satilla Advocacy Services, Just Detention International

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	277
15. Average daily population for the past 12 months:	224
16. Number of inmate/resident/detainee housing units:	5
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:	242
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:	0
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:	1

<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>No text provided.</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>81</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>9</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>No text provided.</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>30</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 type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" 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>The auditor selected the 8th, 14th, 22nd, 31st, and 40th individual from each of the facility's five housing units. The auditor was careful to ensure these individuals represented all races and age groups.</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):	<p>The auditor purposely selected far above the required number of random residents to allow for the lack of targeted population individuals housed in the facility.</p>
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p style="text-align: center;">1</p>
<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:	<p style="text-align: center;">0</p>
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>The auditor worked directly with the PREA Compliance Manager, the Superintendent, and the medical staff to verify there were no individuals housed in the facility to meet this targeted population.</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>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>The auditor worked directly with the PREA Compliance Manager, the Superintendent, and the medical staff to verify there were no individuals housed in the facility to meet this targeted population.</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>The auditor worked directly with the PREA Compliance Manager, the Superintendent, and the medical staff to verify there were no individuals housed in the facility to meet this targeted population.</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>The auditor worked directly with the PREA Compliance Manager, the Superintendent, and the medical staff to verify there were no individuals housed in the facility to meet this targeted population.</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>The auditor worked directly with the PREA Compliance Manager, the Superintendent, and the medical staff to verify there were no individuals housed in the facility to meet this targeted population.</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>1</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>The auditor worked directly with the PREA Compliance Manager, the Superintendent, and the medical staff to verify there were no individuals housed in the facility to meet this targeted population.</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>The auditor worked directly with the PREA Compliance Manager, the Superintendent, and the medical staff to verify there were no individuals housed in the facility to meet this targeted population.</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>The auditor worked directly with the PREA Compliance Manager, the Superintendent, and the medical staff to verify there were no individuals housed in the facility to meet this targeted population.</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>The auditor worked directly with the PREA Compliance Manager, the Superintendent, and the medical staff to verify there were no individuals housed in the facility to meet this targeted population.</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 a discussion with the agency PREA Coordinator and facility staff to ensure we were accurately accounting for the facility's population and to ensure a better tracking of residents is performed in ensuing audit years. Additional reporting was received from the agency's PREA Analyst to verify the statement residents in these categories were not housed at the time of the audit. The auditor believes due to the facility's mission as a transitional center, providing assistance prior to release from custody and working to provide jobs for the residents, the Agency purposely does not house certain targeted populations at the transitional center. The auditor interviewed more than two times the minimum number of random residents to allow for the low number of targeted residents.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

10

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

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):

No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

18

76. Were you able to interview the Agency Head?

- Yes
- No

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

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 facility has only approved volunteer and that individual was not available for an interview during the onsite phase of the audit.

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>No text provided.</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 <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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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	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	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	0	0	0	0
Staff-on-inmate sexual harassment	1	0	1	0
Total	1	0	1	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	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

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	0	0	0
Staff-on-inmate sexual harassment	0	0	1	0
Total	0	0	1	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:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility had only one (1) sexual harassment allegation during the 12 months prior to the onsite audit. There were no sexual abuse allegations filed for the auditor to review.

<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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>0</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 type="radio"/> No</p> <p><input checked="" 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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>0</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 type="radio"/> No</p> <p><input checked="" 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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>1</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 type="radio"/> Yes</p> <p><input checked="" 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>0</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 type="radio"/> No</p> <p><input checked="" 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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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:	1
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The auditor reviewed the one (1) and only sexual harassment allegation file.
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

Non-certified Support Staff

<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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<p>Identify the name of the third-party auditing entity</p>	<p>Corrections Consulting Services</p>
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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>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Standard Operating Procedure (SOP) 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. Bacon TC Organizational Chart 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator 2. PREA compliance manager <p>Findings (by provision):</p> <p>115.211(a). The Bacon Transitional Center is a residential reentry center in Alma, Georgia, operated by the Georgia Department Corrections (GDC). The agency</p>

provided for the auditor Standard Operating Procedure (SOP) 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program in the PAQ. The SOP begins, "The Georgia Department of Corrections (GDC) has a zero-tolerance policy toward all forms of Sexual Abuse, Sexual Harassment, and sexual activity among offenders. The purpose of this policy is to strengthen the Department's efforts to prevent occurrences of this nature by fully adopting and implementing the U.S. Department of Justice's standards on the prevention, detection, and response to Sexual Abuse in confinement facilities, in accordance with the Prison Rape Elimination Act of 2003 (PREA). This policy provides guidelines to address the following prohibited sexually abusive and/or harassing behavior(s): 1. Offender Perpetrator Against Offender Victim; and 2. Staff perpetrator against offender victim. These guidelines are provided to assist staff in: 1. Detecting incidents and identifying perpetrators and victims of Sexual Abuse and/or Harassment; 2. Preventing sexually abusive and/or harassing behavior; 3. Protecting vulnerable offenders from abuse and harassment from sexually aggressive offenders; 4. Educating staff on how to intervene properly and in a timely manner; 5. Documenting, reporting, and investigating reported incidents; and 6. Disciplining and/or prosecuting perpetrators." The SOP outlines the prohibition of sexual abuse and sexual assault of offenders by other offenders, staff, volunteers, and contractors, the disciplinary actions for offenders of such abuse, the reporting options for allegations of such behavior, and the actions taken upon receiving an allegation of such behavior. The SOP also lists the definitions for the prohibited behaviors to meet the definitions listed in the PREA Standards. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.211(b). The auditor was provided with SOP 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program in the PAQ. The SOP states, "The Department shall employ or designate an upper-level, Department PREA Coordinator with sufficient time and authority to develop, implement, and oversee Department efforts to comply with the PREA standards in all facilities." The GDC Statewide PREA coordinator is Grace Atchison. The agency provided the auditor with the GDC Prison Rape Elimination Act Organization Chart in the PAQ. The PREA Coordinator is a direct report to the GDC Commissioner, clearly showing the PREA Coordinator's authority level at the Department.

GDC has appointed a Statewide PREA Coordinator and an Assistant Agency Statewide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the Department's efforts to comply with the PREA Standards in all GDC facilities. Both the PREA Coordinator and Assistant PREA Coordinator are very experienced in corrections and understand well the PREA Standards and the need to provide sexual safety for their offenders and residents. They are heavily involved in training staff, including training for the PREA Compliance Managers, Sexual Assault Response Team (SART) Members, and staff first responders. PREA Compliance Manager training and SART training are held at least twice annually. The Assistant PREA Coordinator is very knowledgeable in corrections and the PREA Standards. He provides technical assistance when needed to all GDC facilities.

The PREA Unit is heavily involved in capturing data for planning, corrective action, and annually required PREA reporting for the State. The PREA Unit also employs a PREA Analyst, who, among other things, collects and analyzes the data that is submitted to the PREA Unit on a monthly basis by each facility. The PREA Analyst assists by retrieving information on all calls to the PREA Hotline from each facility prior to the on-site audit and was able to provide valuable data and information to the auditor for this audit. He keeps statistics for each facility and cumulatively for the agency. Statistics are used by the Department to analyze issues related to PREA and are used to compile the Agency's Annual Report. The analyst has a system that populates information from reports onto the SSV Form, and he verifies this information through monthly required reporting from each facility regarding allegations and investigations. The PREA Unit has worked directly with nationally recognized organizations to assist in implementing PREA, including Just Detention International and the Moss Group, two of the most recognized agencies in the PREA world.

The PREA Unit continues to monitor and review facility-based sexual abuse and sexual harassment investigations to ensure the Agency receives prompt, complete, and objective investigations at all times. This work adds to the Agency's zero-tolerance policy by ensuring the maximum safety for their residents and offenders and provides a quality assurance component to evaluate investigations.

The Warden/Superintendent at each institution is charged with ensuring that all aspects of the agency's PREA Policy are implemented. The Superintendent at Bacon TC has, as required, developed a Local Procedure Directive for response to sexual allegations. The Directive reflects the institution's unique characteristics and specifies how each institution will respond to sexual allegations and the notification procedures followed for reports of sexual allegations. The Superintendent is also required to assign an Institutional PREA Compliance Manager, who also has sufficient time and authority to develop, implement and oversee the facility efforts to comply with the PREA Standards. See additional information below regarding the PREA Compliance Manager.

GDC ensures that all offenders, residents, staff, contractors, and volunteers receive training or education regarding the Agency's zero-tolerance policy. Everyone is required to acknowledge and sign a PREA Acknowledgment Statement, as proof of completion and their understanding of the policy. GDC also requires staff to complete the NIC on-line training, "Communicating Effectively and Professionally" with LGBTI Offenders. The Agency plans and provides additional training for Sexual Assault Response Team Members, as well as ongoing training for PREA Compliance Managers, annually. Additionally, designated staff members complete the NIC on-line Specialized Training for Investigating Sexual Abuse in Confinement Settings. Specialized training is also provided for all the State's contracted medical and mental health care staff, in conjunction with their contractor, Centurion. Offenders and residents are provided with PREA-related information upon admission to their facility during the intake process. This is discussed later in that Standard.

During the onsite phase of the audit, the auditor interviewed the PREA coordinator

regarding her duties and responsibilities. Ms. Atchison made it clear that PREA compliance is one of her main responsibilities for the agency. She leads the GDC PREA Unit, a three-person unit, the PREA Coordinator, and Assistant Statewide PREA Coordinator, and a PREA Analyst. They have direct oversight over 59 agency-operated facilities across the state. The PREA Unit communicates with Wardens and Facility PREA Compliance Managers on a consistent basis by telephone, email, and video conference, as well as in-person site visits. The Unit also conducts annual training for the SART teams, advocacy training, PREA audit training, and investigations training. The PREA Coordinator has direct access to the GDC Commissioner when necessary to resolve non-compliance issues or to make immediate policy changes and updates.

Although not required by the Standard, Bacon TC has an assigned PREA compliance manager, Assistant Superintendent Lisa Crosby. The PCM provided the auditor with all required documentation for the audit and led the onsite activities. She clearly understands her role at the facility and understands the PREA standards and her responsibilities to respond to incidents of sexual abuse or sexual harassment and to monitor individuals determined to be vulnerable to abuse in the facility.

Throughout the PREA audit, the auditor had direct contact with the PREA Unit and the PREA compliance manager. They are all knowledgeable about the PREA Standards and have shown themselves to have the required time and authority for their job positions. When information was requested, it was provided to the auditor quickly. Also, the Agency clearly places a priority on sexual safety in their facilities which is stated well in this Standard discussion. Based on this information and the fact the Agency assigning a PREA compliance manager when it is not required, the auditor considers the agency to have exceeded this standard.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.212(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA)</i></p>

Sexually Abusive Behavior Prevention and Intervention Program in the PAQ. The SOP states, “The Department shall ensure that contracts for the confinement of its offenders with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards 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.” The agency indicated in the PAQ they have contracts for the housing of their incarcerated individuals at twenty-five (25) facilities across the state of Georgia. They have indicated that each contract has a requirement for the contractor to maintain PREA compliance.

The agency provided the auditor with written responses to the PREA interview questions for the compliance administrator. In those responses, the administrator stated all the agency’s confinement contracts require that the facility adopt, implement, and maintain continuous PREA compliance. The PREA Unit monitors the contract language and conducts site visits at the external facilities to ensure PREA compliance. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.212(b). The agency provided the auditor with written responses to the PREA interview questions for the compliance administrator. In those responses, the administrator stated all new contracts include the provision for PREA compliance and the PREA Unit reviews the contracts to ensure the language is included. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.212(c). The agency provided the auditor with written responses to the PREA interview questions for the compliance administrator. In those responses, the administrator stated they have not engaged in any emergency contracts for housing of their incarcerated individuals. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. <i>Bacon Transitional Center Facility PREA Staffing Plan</i> 2. Interviews: <ol style="list-style-type: none"> 1. PREA Coordinator

2. Specialized staff
3. Observations:
 1. Housing units
 2. Medical unit
 3. Programs
 4. Kitchen
 5. Laundry
 6. Control room

Findings (by provision):

115.213(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “The Warden/Superintendent at each facility shall develop a written Staffing Plan in accordance with this SOP using Attachment 11, Staffing Plan Template. To enhance the supervision and monitoring of offenders, each facility shall document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against Sexual Abuse. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations on the daily Post Roster. Facility management staff will review these deviations on a regular basis, no less than annually, to identify the most common reasons for deviations. This information shall be used to make adjustments, as necessary, to the facility staffing plan. Completed plans will be forwarded to the PREA Coordinator for review and approval.” The auditor was also provided with a copy of the *Bacon Transitional Center Facility PREA Staffing Plan* in the PAQ. The staffing plan is complete and covers each of the required points of this provision.

Specifically, the plan is predicated on adequate staffing coverage to ensure the safety and security of up to 277 residents, the maximum number of available beds at Bacon TC. Included in Section F of the Staffing Plan, the agency lists the roles of the 81 staff members at Bacon TC and the deployment of those staff members throughout the facility to provide the proper supervision of the residents to ensure their safety and security.

Section E of the plan outlines the physical plant layout of the facility and the deployment of their video surveillance system across the compound. In total, there are over 40 cameras deployed throughout the Bacon TC property to protect the staff and residents. The plan describes the layout, where the cameras are deployed, and the number of staff members posted in those areas.

The plan describes the composition of the resident population, the number and placement of supervisory staff, institution programs, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors have been taken into consideration in the drafting of the staffing plan.

During the onsite phase of the audit, the auditor interviewed the Facility Superintendent. The Superintendent confirmed the facility does have a staffing plan, which considers adequate staffing and video monitoring. The plan assesses the physical layout of the facility, the resident population, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The auditor was provided written responses to the PREA audit interview questions for the agency PREA coordinator. In those responses, the coordinator confirmed the facility is required to complete a staffing plan annually. The Assistant Statewide PREA Coordinator is consulted with all staffing plan-related questions, concerns, implementations, and updates. During the onsite phase of the audit, the auditor toured the entire facility and made observations throughout the housing units and all areas where residents have access. The auditor noted the deployment of cameras throughout and the usage of mirrors in some places where additional viewing may be necessary to avoid potential blind or unsafe spots. The auditor noted adequate staffing throughout the facility and noted supervisors throughout, who were readily accessible for both staff and residents. The auditor noted adequate staffing to allow for meal delivery and for residents to attend required programs. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.213(b). The auditor was provided with documentation in the PAQ to indicate there were no deviations from the staffing plan over the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed the Facility Superintendent, who confirmed that Bacon TC currently has adequate staff. There were no incidents where daily staffing below a critical level to ensure the safety and security of the residents. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.213(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “No less than annually, each facility shall assess, determine, and document whether adjustments are needed to the established staffing plan. Revised plans shall be forwarded to the PREA Coordinator for review and approval.” The auditor was also provided with a copy of the *Bacon Transitional Center Facility PREA Staffing Plan* in the PAQ. The current copy of the staffing plan was signed and effective and August 26, 2024.

The auditor was provided written responses to the PREA audit interview questions for the agency PREA coordinator. In those responses, the coordinator stated the facility is required to complete a staffing plan annually. However, anytime there are significant changes, the staffing plan can and will be updated on an as-needed basis. Based upon this analysis, the auditor finds the facility in compliance with this provision.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*
 2. Course curriculum - *Contraband Interdiction and Searches*
 3. *2024 In-Service Training Records*
2. Interviews:
 1. Specialized staff
 2. Random incarcerated individuals
3. Observations:
 1. Intake area
 2. Housing units
 3. Control room

Findings (by provision):

115.215(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "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." In the PAQ, the facility stated there have been no such searches in the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed two (2) staff members, who stated they are forbidden to perform cross-gender searches of the residents. The auditor was told staff may perform strip searches of the residents to ensure contraband does not enter the secure area of the transition center. Body cavity searches can only be approved by the Facility Superintendent and be performed by medical staff outside the facility. In informal discussions with residents, the auditor was told that residents are strip searched for contraband upon returning to the facility if they are working off-site. Those searches are always performed by male staff on the male residents. The auditor was shown the area where these searches are performed in the transition dormitory. The room has no exterior windows so the residents cannot be viewed by others when they are undressed and there are no cameras in that room. The auditor was also shown the room in the intake building where individuals are strip searched upon transfer into the institution. This room also has no exterior windows and no camera coverage. The officer closes the door to ensure modesty for the individuals before they are asked to remove their clothing for the search. The auditor spoke with several staff members, including female officers, and all stated that male officers only are allowed to perform the strip searches of the male residents. Based upon this analysis, the auditor finds the

facility in compliance with this provision.

115.215(b). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “The facility shall not conduct cross-gender pat searches of female offenders, absent Exigent Circumstances. This requirement shall not restrict female offender’s access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.” Bacon TC houses male residents only, so this provision does not apply. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.215(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP 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 explaining the nature of the Exigent Circumstance.” There were no such searches during the 12 months prior to the onsite phase of the audit, so there is no documentation for the auditor to review. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.215(d). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “The facility shall implement procedures that enable offenders to shower, perform bodily functions, and change clothing without nonmedical staff members of the opposite gender viewing their breasts, buttocks, or genitalia, except in Exigent Circumstances or when such viewing is incidental to their official duties. Offenders should only shower, perform bodily functions, and change clothing in designated areas (e.g., cells, shower rooms, and bathrooms). Staff members of the opposite gender shall announce their presence when entering an offender housing unit; this includes the officer assigned to the housing unit. It is understood that staff members might not make announcements when responding to circumstances that require immediate action in order to combat a threat to security.”

During the onsite phase of the audit, the auditor interviewed thirty (30) random residents. Each of the 30 interviewed stated that female staff members and supervisors always make an announcement before they enter the male housing areas. They are especially careful when entering the group restrooms to perform headcounts or perform security rounds. The auditor interviewed ten (10) random staff members during the onsite phase of the audit. All 10 staff members stated they were required to make an announcement if they entered the housing area of the opposite gender, especially in the restroom areas where the residents may be without clothes.

During the site review, the auditor toured each of the facility’s five (5) housing units. Units A through D have essentially the same layout. Each unit is an open dormitory, with bunk beds for a maximum of 57 residents in units A, B, and C, and a maximum 50 residents in unit D. Each unit has a dayroom at the front of the unit,

where the residents can utilize the telephone and kiosk, have video visitation, relax, and watch television. Bulletin boards in each unit contain the proper PREA signage that outline the ways residents can reports incidents of sexual abuse and sexual harassment. Signs also indicate the information for the local victim advocacy provider and how to contact them if it were necessary. The signs are posted well within a distance to make it possible for the residents to make phone calls using the information from the signs without making it clear to other residents. The bunks in the units are aligned in such a way to provide clear viewing through the housing unit on the cameras installed in the front and rear of the unit. Restrooms and showers are at the rear of the units. The toilets are on one side, installed behind pony walls which separate the toilets. The walls are set horizontally, in such a way to provide a separation from viewing from the bunk area. The showers are on the other side, again separated by horizontal walls to provide separation and to avoid viewing from the bunk area. Each of the six (6) showers in the unit have a shower curtain for additional modesty. The last housing unit is separate from the main building and houses those residents that are approved to work off-site. This is a wide-open dormitory with bunk beds. The restrooms are to the rear of the dormitory. Much like the other units, the toilets and showers are separated by walls and have curtains to cover both the toilets and showers for modesty.

The auditor entered the control room and reviewed the monitors where staff can monitor the facility's cameras. The auditor was unable to view any restrooms or showers on the monitor. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.215(e). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "The facility shall not search or physically examine a Transgender or Intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, 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. The provision does not limit searches of offenders to ensure the safe and orderly running of the institution." In the PAQ, the agency stated there have been no such searches in the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed ten (10) random staff members. Each of the 10 interviewed stated they are forbidden to search transgender individuals to determine their genital status. The auditor was unable to interview any transgender individuals relative to this provision because there was no transgender individuals housed at Bacon TC during the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.215(f). The facility provided the auditor with the course curriculum - *Contraband Interdiction and Searches*, in the PAQ. The curriculum included a section with the proper steps to perform a cross-gender pat search of a transgender or intersex individual. The auditor was also provided copies of the *2024 In-Service Training Records*, where the auditor was able to identify staff have completed the

	<p>search curriculum earlier in 2024.</p> <p>During the onsite phase of the audit, the auditor interviewed ten (10) random staff members. Each of the staff members confirmed they had completed the required training on how to properly perform cross-gender and transgender searches. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. <i>PREA Offender Information Guide - English and Spanish</i> 3. <i>Lionbridge User's Guide</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. Targeted residents 3. Random staff members 3. Observations: <ol style="list-style-type: none"> 1. Resident housing areas <p>Findings (by provision):</p> <p>115.216(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, "Offenders with Disabilities, Who Are Limited English Proficient (LEP), or Have Limited Reading Skills: The local PREA Compliance Manager shall reference SOP 103.63, ADA Title II Provisions, for guidance pertaining to ADA resources available to offenders with disabilities and those who are LEP so they may understand the facility policies around reporting, preventing, detecting, and responding to Sexual Abuse and Sexual Harassment."</p> <p>The auditor was provided with written responses to the PREA audit interview questions for the Agency Head. In those responses, the Commissioner stated, "All PREA-related educational material is available in formats for disabled and LEP (Limited-English Proficient) offenders. In addition to the PREA-materials, the agency has a dedicated ADA Coordinator that provides resources to disabled or LEP offenders. The ADA Coordinator and PREA Coordinator collaborate to ensure that all</p>

offenders have equal opportunities to participate in all aspects of PREA.”

During the onsite phase of the audit, the auditor verified with staff the availability of accommodations for residents who may need them. The auditor was told that residents are provided the opportunity to sit in the front when watching educational videos if there is a concern with eyesight or hearing. Staff may also provide a set of headphones to provide greater volume if it is necessary. Staff are available to read documents directly to individuals who may need it. The facility has access to an ALS translator as well. Unfortunately, the auditor was unable to interview any resident with a disability, as there were no such residents housed in the facility during the onsite audit. This was verified with medical staff and the counselor staff. The auditor confirmed during the site review that telephones, kiosks, and signage was all positioned so any resident could access it, regardless of what disability they may have. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.216(b). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Offenders with Disabilities, Who Are Limited English Proficient (LEP), or Have Limited Reading Skills: The local PREA Compliance Manager shall reference SOP 103.63, ADA Title II Provisions, for guidance pertaining to ADA resources available to offenders with disabilities and those who are LEP so they may understand the facility policies around reporting, preventing, detecting, and responding to Sexual Abuse and Sexual Harassment.”

During the onsite phase of the audit, the auditor observed signage for PREA in both English and Spanish. The auditor was provided with the *PREA Offender Information Guide* in English and Spanish and the *Lionbridge User’s Guide*. The Lionbridge guide provides staff members with the steps to access a translator by telephone for nine basic languages and many others. Unfortunately, the auditor was unable to interview any resident who is limited English proficient, as there were no such residents housed in the facility during the onsite audit. This was verified with medical staff and the counselor staff. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.216(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “The facility shall not rely on offender interpreters, offender readers, or other types of offender assistants except in Exigent Circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first response duties under 28 CFR § 115.64, or the investigation of the offender’s allegations.”

During the onsite phase of the audit, the auditor interviewed ten (10) random staff members. All 10 confirmed policy prohibits the use of residents to translate for other residents. The auditor was told that staff members are available to translate, or they can utilize a translation service available by telephone. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <hr/> <p data-bbox="280 344 1289 412">The following evidence was analyzed in making the compliance determination:</p> <ul style="list-style-type: none"> <li data-bbox="341 490 1238 524">1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ul style="list-style-type: none"> <li data-bbox="448 528 1430 595">1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> <li data-bbox="448 611 924 645">2. SOP 104.09 <i>Filling a Vacancy</i> <li data-bbox="448 656 1206 689">3. SOP 104.09 <i>Attachment 4 - Applicant Verification</i> <li data-bbox="448 701 807 734">4. Employment records <li data-bbox="341 741 560 775">2. Interviews: <ul style="list-style-type: none"> <li data-bbox="448 779 746 813">1. Specialized staff <p data-bbox="280 853 660 887">Findings (by provision):</p> <p data-bbox="280 925 1477 1462">115.217(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “a. Employees: i. The Department shall not hire or promote anyone who may have contact with offenders, who: 1) 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); 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; or 2) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a.i.1. of this section.” The SOP goes on to include these same provisions for contractors and volunteers, “b. Contractors and Volunteers: i. The Department shall not enlist the services of any contractor who may have contact with offenders who:...”</p> <p data-bbox="280 1498 1477 1700">During the onsite phase of the audit, the auditor reviewed the records of ten (10) staff members. The auditor was able to confirm the facility’s requirement to ask applicants and promotional applicants the questions in this provision. The questions are asked on the SOP 104.09 Attachment 4 - Applicant Verification form. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="280 1736 1461 2027">115.217(b). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “The Department shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders. The Department shall consider any incidents of Sexual Harassment in determining whether to enlist the services of any contractor who may have contact with offenders.”</p>

During the onsite phase of the audit, the auditor interviewed a human resources specialist, who handles human resources functions at Bacon TC. She confirmed that Bacon TC considers any prior incidents of sexual harassment in determining whether to hire or promote anyone, including contractors. This information would likely come out during oral interviews with the applicant. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.217(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Perform a Criminal History Record checks on all employees and volunteers prior to start date and again annually." The auditor was also provided with SOP 104.09 *Filling a Vacancy*. The SOP states, "Before hiring anyone who may have contact with offenders, GDC shall: a. Perform a criminal background check; and b. 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 any allegation of sexual abuse. Verification of such efforts will be documented via Attachment 5, Professional Reference Check." In the PAQ, Bacon TC stated there were fourteen (14) individuals hired during the 12 months prior to the onsite audit, and all twelve had the full criminal background check completed.

During the onsite phase of the audit, the auditor interviewed a human resources specialist, who handles human resources functions at Bacon TC. She confirmed that a full background check is required for all applicants before they can be approved for hire. Bacon TC would also contact all prior employers listed on the application, especially those corrections employers, and ask specifically about past sexual abuse allegations. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.217(d). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Before hiring new employees or enlisting the services of a contractor or volunteer who may have contact with offenders, the Department shall: 1) Perform a Criminal History Record check before enlisting the services of any contractor who may have contact with offenders and at least every five years thereafter." In the PAQ, Bacon TC stated there were ten (10) records checks completed for contractors during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed a human resources specialist, who handles human resources functions at Bacon TC. She confirmed that before a contractor can be approved for work on the facility grounds, a background check must be completed and the contractor approved by the Superintendent. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.217(e). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Perform a Criminal History Record checks on all employees and

volunteers prior to start date and again annually. A tracking system shall be implemented at each local facility to ensure the criminal history checks are conducted within the appropriate time frames, according to policy, for each person with access to that facility.” For contractors, the SOP states, “Perform a Criminal History Record check before enlisting the services of any contractor who may have contact with offenders and at least every five years thereafter.”

During the onsite phase of the audit, the auditor interviewed a human resources specialist, who handles human resources functions at Bacon TC. She confirmed that criminal background checks are performed for all staff members, contractors, and volunteers every year. The auditor was told that she blocks off a few days early in the calendar year and performs the background checks for every staff member.

This is timed with the annual in-service and firearms qualifying requirement. When she prepares the list of those for training and firearms, she completes the background checks and provides the information directly to the Superintendent.

Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.217(f). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “iii. Before hiring new employees, who may have contact with offenders, the Department shall: 1) Ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, *Filling a Vacancy*, in written applications or interviews for hiring and promotions, and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct.”

During the onsite phase of the audit, the auditor interviewed a human resources specialist, who handles human resources functions at Bacon TC. She confirmed applicants for hire and promotion are asked these questions during oral interviews.

The information is also included in annual performance evaluations. The employee handbook imposes the continuing affirmative duty to disclose sexual misconduct.

Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.217(g). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.” The auditor was also provided with SOP 104.09 *Filling a Vacancy*. The SOP states, “Material omissions and false information presented by Applicants may cause the candidate to be subject to dismissal and/or disqualification from employment.”

During the onsite phase of the audit, the auditor interviewed a human resources specialist, who handles human resources functions at Bacon TC. She confirmed that applications include this statement, so all applicants are aware that omissions or false information can lead to automatic termination. Based upon this analysis, the

	<p>auditor finds the facility in compliance with this provision.</p> <p>115.217(h). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP 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 Department complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.”</p> <p>During the onsite phase of the audit, the auditor interviewed a human resources specialist, who handles human resources functions at Bacon TC. She confirmed that Bacon TC will provide potential corrections employers with this information. They would not want other institutions to hire someone who has sexual abuse or sexual harassment in their history and potentially subject their incarcerated population to abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. Facility head <p>Findings (by provision):</p> <p>115.218(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “All new or existing facility designs, modifications, and technology upgrades will include consideration of how they could enhance the Department’s ability to protect offenders against Sexual Abuse.” The agency provided information in the PAQ regarding the addition of a new building at Bacon TC, the E Building. This building was constructed to house the transitional residents and holds up to 50 beds. Documentation shows the agency verified the proper layout for the building to ensure there were no blind spots and a clear view of each resident when staff</p>

members make rounds through the building.

The auditor was provided written responses to the PREA audit interview questions for the Agency Head. In those responses, the Agency Head stated, "Safety and security of all citizens, GDC facilities, staff, and offenders is my number one priority as the Commissioner of the Georgia Department of Corrections. Any time there are substantial modifications, designing, or an acquirement of a new facility, our agency's PREA Coordinator is consulted. Our Chief of Staff, Assistant Commissioner of Facilities, the Facilities Director, and the Engineering Director consistently communicate with the PREA Coordinator to ensure that the sexual safety of our offenders is considered throughout the modification process." The auditor interviewed the Facility Superintendent during the onsite phase of the audit, and he confirmed everyone coordinated efforts to properly review building plans before the new building was constructed to ensure sexual safety was forefront in the plans.

Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.218(b). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "All new or existing facility designs, modifications, and technology upgrades will include consideration of how they could enhance the Department's ability to protect offenders against Sexual Abuse."

The auditor was provided written responses to the PREA audit interview questions for the Agency Head. In those responses, the Agency Head stated, "The agency recognizes the importance of monitoring technology and the impact it has on the sexual safety of the GDC offenders. The agency is constantly researching, designing, or installing upgraded technologies throughout our statewide facilities. The Wardens and select Facility Leadership have the capabilities of reviewing cameras on a real-time basis in locations where cameras are installed." During the onsite phase of the audit, the auditor interviewed the Superintendent. He told the auditor that although there were no significant updates to the video monitoring system over the last 12 months, they continually review the need to add cameras and upgrade the technology to ensure they have the best opportunity to monitor the resident population and capture video in the event of a sexual abuse allegation.

Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*
 2. SOP 103.06 *Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders*
 3. *Services Agreement By and Between The Georgia Department of Corrections and Sexual Assault Response Team*
 4. *Memorandum of Understanding (MOU) for the Bacon Transitional Center and Satilla Advocacy Services*
2. Interviews:
 1. Specialized staff
 2. PREA coordinator
 3. Targeted residents
3. Observations:
 1. Resident housing areas

Findings (by provision):

115.221(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “The local SART is responsible for the administrative investigation of all allegations of Sexual Abuse or Sexual Harassment. Attachment 4, Sexual Allegation Response Checklist will be completed for all PREA allegations. In cases where allegations are made against staff members and the SART inquiry deems the Allegation is Unfounded or Unsubstantiated by evidence, the case can be closed at the facility level. If the allegation is criminal in nature, an interview shall neither be conducted, nor will a statement be collected from the accused perpetrator without first consulting the Regional SAC. At the conclusion of each SART investigation, Attachment 6, PREA Investigative Summary shall be submitted to the PREA Unit via PREA.report@gdc.ga.gov for administrative review. Each facility shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Reference SOP 103.10, Evidence Handling and Crime Scene Processing, and SOP 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders. The Department’s response to sexual assault follows the guidelines in the U.S. 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.” The auditor was also provided SOP 103.06 *Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders* in the PAQ. This SOP states, “The Warden or Superintendent and/or the Institutional Duty Officer who receives such information shall submit a written request for investigation to the Internal Investigations Unit. The Warden will notify the Field Operations Manager and the Corrections Division Director that a request for investigation has been submitted to the GDC Internal Investigations Unit Director.”

During the onsite phase of the audit, the auditor interviewed ten (10) random staff

members. Each of the 10 staff members confirmed that PREA investigations are performed by the SART team at the institution. If warranted, or if the allegation involves a staff member, the investigation will be sent to the Internal Investigations Unit. The Internal Investigations Unit would also perform the criminal investigation. As stated in the SOP, the department utilizes a standard evidence protocol for all PREA investigations. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.221(b). The Bacon TC does not house youthful offenders, so this provision is not applicable to this facility. The evidence protocol, however, is appropriate for youth. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.221(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP 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 obtained prior to initiating the SANE protocol, in accordance with SOP 507.04.85, Informed Consent." The auditor was provided a copy of the *Services Agreement By and Between The Georgia Department of Corrections and Sexual Assault Response Team* in the PAQ. The agreement provides for the Sexual Assault Response Team (SART) to supply a Sexual Assault Nurse Examiner (SANE) and respond to the facility, upon request, to perform a forensic medical examination when necessary. In the PAQ, Bacon TC stated there were no forensic medical examinations performed during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor contacted a nurse director at the SART. She confirmed the existence of the agreement and the requirement of the SART to respond to the facility and perform the forensic examination if a resident is sexually assaulted. A SANE nurse would always be available, twenty-four hours a day, and would respond after the call is made with the request. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.221(d). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "The Institution PREA Compliance Manager, under the direction of the Warden/Superintendent, shall attempt to enter into agreement, or Memorandum of Understanding (MOU), with a rape crisis center to make available a victim advocate to offenders alleging Sexual Abuse/Sexual Harassment upon request. If the facility cannot do so, efforts must be documented, and local staff shall be identified and specially trained to provide this service. If a MOU is entered into, the contact information for the provider, including mailing addresses and telephone numbers

(including toll-free hotline numbers where available) will be posted in all areas accessible to inmates. In addition, the facility will include on this posting information the extent to which such communications will be allowed and monitored. Documentation of training must be maintained by the employee's manager and made available to the local PREA Compliance Manager upon request. The facility advocate must ensure completion of Attachment 12, PREA Victim Advocate Request Form on all allegations of Sexual Harassment or Sexual Abuse." The auditor was provided a copy of the *Memorandum of Understanding (MOU) for the Bacon Transitional Center and Satilla Advocacy Services*. The MOU allows for Satilla Advocacy Services (SAC) to provide a victim advocate to correspond with any resident who alleged to have been a victim of sexual abuse while incarcerated.

During the onsite phase of the audit, the auditor contacted a supervisor at SAC. She confirmed the existence of the MOU and the requirement of SAC to provide victim advocates for residents at Bacon TC. The auditor was provided written responses to the PREA interview questions from the PREA Coordinator. In those responses, the PREA Coordinator agreed that an agreement with a local rape crisis center is important so residents can have access to a victim advocate. The PREA compliance manager is tasked with ensuring the center is in compliance with the guidelines for access to the facility and the residents. The auditor was unable to interview a resident who had reported an incident of sexual abuse, as no one was currently housed at Bacon TC at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.221(e). The MOU that was provided to the auditor includes a provision for victim advocates to be available to provide the services required in this provision.

The auditor was provided written responses to the PREA interview questions from the PREA Coordinator. In those responses, the PREA Coordinator agreed that an agreement with a local rape crisis center is important so residents can have access to a victim advocate. The auditor was unable to interview a resident who had reported an incident of sexual abuse, as no one was currently housed at Bacon TC at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.221(f). Sexual abuse and sexual harassment investigations are performed by the SART team at the facility or the Internal Investigations Unit. Since all investigations are performed internally, there is no need to be in compliance with this provision. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.221(g). The auditor is not required to audit this provision.

115.221(h). The agency has provided full documentation to show compliance with the provision of a victim advocate to its residents. The facility has provided additional training for at least one (1) staff member in case a resident is in need to speak with an advocate and no one from SAC is available. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 1289 412">The following evidence was analyzed in making the compliance determination:</p> <ol data-bbox="341 490 1430 815" style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. Georgia Department of Corrections website 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. PREA coordinator 3. Specialized staff <p data-bbox="280 860 660 893">Findings (by provision):</p> <p data-bbox="280 927 1474 1207">115.222(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “All reports of Sexual Abuse or Sexual Harassment will be considered allegations and will be investigated.” In the PAQ, Bacon TC stated there was one (1) allegation of sexual harassment and no allegations of sexual abuse during the 12 months prior to the onsite audit. There were no incidents forwarded for potential criminal investigation.</p> <p data-bbox="280 1252 1474 1532">The auditor was provided written responses to the PREA interview questions for the Agency Head. In the responses, the Agency Head stated, “An administrative SART (Sexual Abuse Response Team) investigation is completed for all offender-alleged victims of sexual abuse and sexual harassment. Allegations that have criminal components are forwarded to the GDC, Office of Professional Standards, for criminal investigation.” Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p data-bbox="280 1576 1474 2024">115.222(b). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “Appointing authorities or their designees shall report all allegations of Sexual Abuse with penetration and those with immediate and clear evidence of physical contact to their Regional Director, Regional SAC, and the Department’s PREA Coordinator immediately upon receipt of the allegation. a. Where Sexual Abuse is alleged and cannot be cleared at the local level (as indicated in G.5 of this section), 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 who has received special training in Sexual Abuse investigations.”</p>

	<p>During the onsite phase of the audit, the auditor interviewed the Chief of Security, who performs the sexual abuse investigations as a member of the SART. The Lieutenant confirmed that allegations are properly investigated by the agency. The administrative investigations are performed by the SART at the facility and potentially criminal investigations are transferred to the Office of Professional Standards. This information is posted on the Georgia Department of Corrections (GDC) website, which is available for viewing at: Report Sexual Abuse or Harassment of an Inmate Georgia Department of Corrections. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.222(c). The sexual abuse and sexual harassment investigations are performed internally, so there is no need to place external investigation information on the agency website. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.222(d). The auditor is not required to audit this provision.</p> <p>115.222(e). The auditor is not required to audit this provision.</p>
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. Training curriculum 3. SOP 208.06 <i>Attachment 1 - Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Acknowledgement Statement</i> 2. Interviews: <ol style="list-style-type: none"> 1. Random staff <p>Findings (by provision):</p> <p>115.231(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “Employee Training: a. All Departmental employees shall be required to attend training annually on: i. The Department’s zero-tolerance policy for Sexual Abuse and Sexual Harassment; ii. How to fulfill their responsibilities under the Department’s Sexual Abuse and Sexual Harassment prevention, detection, reporting, and response policies and procedures; iii. Offenders’ right to be free from</p>

Sexual Abuse and Sexual Harassment; iv. The right of offenders and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment; v. The dynamics of Sexual Abuse and Sexual Harassment in confinement; vi. The common reactions of Sexual Abuse and Sexual Harassment victims; vii. How to detect and respond to signs of threatened and actual Sexual Abuse; viii. How to avoid inappropriate relationships with offenders; ix. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, Transgender, Intersex, or Gender Nonconforming offenders; and x. How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities.” The auditor was provided with a copy of the agency’s training curriculum for PREA in the PAQ. The auditor reviewed the curriculum and could locate each of the required points in the curriculum.

During the onsite phase of the audit, the auditor interviewed ten (10) random staff members. Each of the 10 staff members confirmed their attendance in training annually, which included PREA training. Each staff member was able to tell the auditor several of the points included in the PREA training. They all confirmed having attended this training earlier in 2024. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.231(b). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP 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.” The Bacon TC houses male residents. Additional training is available for staff members who are transferred to GDC institutions that house female offenders and staff transferred to Bacon from female institutions will be provided additional training to work with the male offenders. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.231(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “New employees shall receive PREA training during Pre-Service Orientation. Attachment 19, Staff PREA Brochure, can be used to assist in this training.”

During the onsite phase of the audit, the auditor confirmed the requirement for PREA education for staff every year. This exceeds the requirement in this provision for education every two years. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.231(d). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Participation in training must be documented through employee signature or electronic verification. Participation documentation will note that employees understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education

	<p>Acknowledgement Statement. This form shall be retained in the employee’s local personnel file. At the conclusion of the training, employees are asked to seek additional supervisory direction if necessary to ensure understanding of the training.”</p> <p>The facility provided the auditor with course training records in the PAQ. The records show completion of the PREA curriculum for staff members of the Bacon TC on form SOP 208.06 <i>Attachment 1 - Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Acknowledgement Statement</i>. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. <i>Volunteer/Contractor PREA Training</i> curriculum 3. SOP 208.06 <i>Attachment 1 - Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Acknowledgement Statement</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.232(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “The Department shall ensure that all volunteers and contractors who have contact with offenders are provided with a copy of this policy and have been trained on their responsibilities under the Department’s PREA policies and procedures. Attachment 19, Staff PREA Brochure, can be used to assist in this training.” The auditor was provided with a copy of the agency’s training curriculum for PREA in the PAQ. The auditor reviewed the <i>Volunteer/Contractor PREA Training</i> curriculum and determined the curriculum to be complete and appropriate. In the PAQ, Bacon TC indicated there are seven (7) contractors with resident contact currently trained.</p> <p>During the onsite phase of the audit, the auditor interviewed two (2) contractors from the contracted healthcare provider. Both confirmed taking the volunteer/contractor training provided by GDC as well as the PREA training provided by</p>

	<p>Centurion. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.232(b). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “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 offenders, but all volunteers and contractors who have contact with offenders shall be notified of the Department’s zero-tolerance policy regarding Sexual Abuse and Sexual Harassment and be informed on how to report such incidents.”</p> <p>During the onsite phase of the audit, the auditor interviewed two (2) contractors from the contracted healthcare provider. Both confirmed taking the volunteer/contractor training provided by GDC as well as the PREA training provided by Centurion. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.232(c). The facility provided the auditor with completed form SOP 208.06 <i>Attachment 1 - Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Acknowledgement Statement</i> for several contracted staff members that work in the healthcare unit. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. SOP 208.06 Attachment 17 - <i>PREA Offender Information Guide</i> - English and Spanish 3. <i>PREA: What You Need to Know</i> - Resident Education video 4. <i>Bacon TC Resident Handbook</i> - English and Spanish 5. <i>PREA Arrival Form</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Random residents <p>Findings (by provision):</p>

115.233(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Offender Education: Information on the GDC’s zero-tolerance policy for Sexual Abuse and Harassment and information on how to report an allegation at the receiving facility shall be provided to every offender upon arrival to the facility. In addition to verbal information, offenders will be provided either an Attachment 17, PREA Offender Brochure (English) or an Attachment 18, PREA Offender Brochure (Spanish). Within 15 days of arrival, a comprehensive PREA education training will be conducted by assigned staff members to all offenders which will include a gender appropriate video on Sexual Abuse. Receipt of both the initial information and the comprehensive education will be documented in writing by signature of offender and placed in the offender’s institutional file.” The auditor was provided with a copy of SOP 208.06 Attachment 17 - *PREA Offender Information Guide*, in the PAQ. In the PAQ, Bacon TC stated there were 771 residents admitted to the facility who had received the intake education during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed thirty (30) random incarcerated individuals. Each of the 30 residents confirmed receiving the PREA brochure during their intake to the facility. This provided them with basic information about PREA. The auditor also interviewed a staff member assigned to perform the intake process for individuals transferred to Bacon TC. She walked the auditor through the intake process and simulated entering the facility through the vehicle sally port, exiting the transport vehicle, being strip searched for contraband, and receiving the initial PREA education information. She explained to the auditor the process is the same for all individuals when they arrive at the facility for intake. She confirmed that all individuals receive the handout as part of the intake process and then sign a form to verify receipt of the educational information. She read to the auditor some of the information to make the auditor aware of the importance of the PREA information, just as she would for individuals when they arrive. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.233(b). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Offender Education: Information on the GDC’s zero-tolerance policy for Sexual Abuse and Harassment and information on how to report an allegation at the receiving facility shall be provided to every offender upon arrival to the facility. In addition to verbal information, offenders will be provided either an Attachment 17, PREA Offender Brochure (English) or an Attachment 18, PREA Offender Brochure (Spanish). Within 15 days of arrival, a comprehensive PREA education training will be conducted by assigned staff members to all offenders which will include a gender appropriate video on Sexual Abuse. Receipt of both the initial information and the comprehensive education will be documented in writing by signature of offender and placed in the offender’s institutional file.” Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.233(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “The local PREA Compliance Manager shall reference SOP 103.63, ADA

Title II Provisions, for guidance pertaining to ADA resources available to offenders with disabilities and those who are LEP so they may understand the facility policies around reporting, preventing, detecting, and responding to Sexual Abuse and Sexual Harassment.”

During the onsite phase of the audit, the auditor confirmed the availability of the various PREA educational documents and signs throughout the facility that are available in different languages and formats. The auditor confirmed this availability in Standard 115.216. SOP 208.06 Attachment 17 - *PREA Offender Information Guide*, the PREA educational video, and the *Bacon TC Resident Handbook* are all available in English and Spanish. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.233(d). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “The facility shall maintain documentation of offender participation in these education sessions in the offender’s institutional file.”

The auditor was provided with a completed *PREA Arrival Form* for twelve (12) residents who had entered the facility over the previous six (6) months. The *PREA Arrival Form* states the resident had been advised of the facility’s zero-tolerance policy and had received the intake educational brochure. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.233(e). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Posters reflecting the Department’s zero tolerance for Sexual Abuse and Sexual Harassment, contact information and methods of offender reporting shall be posted in each housing unit and common area throughout the facility.” The auditor was provided with copies of the *Bacon TC Resident Handbook*, which is available in English and Spanish, and provided to each resident.

During the onsite phase of the audit, the auditor viewed signs in each of the housing units advising the residents of the zero-tolerance policy and how to report incidents of sexual abuse or sexual harassment. Sexual abuse information is also available for residents on the kiosk in the housing units. Additionally, residents are asked to watch the PREA education video, *PREA: What You Need to Know*, during the intake orientation. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance

determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*
 2. *PREA: Investigating Sexual Abuse in a Confinement Setting* - course curriculum
 3. Course completion certificates
2. Interviews:
 1. Specialized staff

Findings (by provision):

115.234(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "All staff investigating Sexual Abuse/Sexual Harassment allegations must be specially trained in conducting Sexual Abuse/Sexual Harassment investigations in confinement settings."

During the onsite phase of the audit, the auditor interviewed the Chief of Security, who performs the PREA investigations at the facility as part of the SART. The Lieutenant confirmed completing the National Institute of Corrections (NIC) online course on PREA investigations. He stated the agency requires all investigators to complete the course. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.233(b). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "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 auditor was provided with a copy of the *PREA: Investigating Sexual Abuse in a Confinement Setting* course curriculum in the PAQ. The auditor is familiar with the curriculum and knows it to provide the information required in this provision.

During the onsite phase of the audit, the auditor interviewed the Chief of Security, who performs the PREA investigations at the facility as part of the SART. The Lieutenant confirmed completing the National Institute of Corrections (NIC) online course on PREA investigations. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.233(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "The Department shall maintain documentation that agents and investigators, whether internal or external, have completed the required specialized training in conducting Sexual Abuse investigations." In the PAQ, the facility provided course completion documents for three (3) current staff members,

including the Lieutenant interviewed for investigations. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.233(d). The auditor is not required to audit this provision.

115.235 Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*
2. Interviews:
 1. Specialized staff

Findings (by provision):

115.235(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Specialized Training (Medical and Mental Health Care): GDC and contracted medical and mental health staff members will be trained annually. Proof of training will be maintained in the employee training file. In addition to the specialized training, these same employees are required to attend GDC’s annual PREA in-service training.”

During the onsite phase of the audit, the auditor interviewed two (2) contracted staff members from the medical unit. The medical contractor is Centurion. The nurse administrator and a nurse both told the auditor that Centurion requires all medical and mental health staff members to complete the specialized training class as part of their preservice education. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.235(b). The auditor confirmed through an interview with the nurse administrator that forensic medical examinations, if needed, would be performed at an outside hospital by the local rape crisis center. Therefore, this provision is not applicable. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.235(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Specialized Training (Medical and Mental Health Care): GDC and contracted medical and mental health staff members will be trained annually. Proof

of training will be maintained in the employee training file. In addition to the specialized training, these same employees are required to attend GDC’s annual PREA in-service training.”

During the onsite phase of the audit, the auditor interviewed two (2) contracted staff members from the medical unit. The medical contractor is Centurion. The nurse administrator and a nurse both told the auditor that Centurion requires all medical and mental health staff members to complete the specialized training class as part of their preservice education. The nurse administrator confirmed that proof of completion for all six (6) of the current medical staff members is maintained by her in their files. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.235(d). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Specialized Training (Medical and Mental Health Care): GDC and contracted medical and mental health staff members will be trained annually. Proof of training will be maintained in the employee training file. In addition to the specialized training, these same employees are required to attend GDC’s annual PREA in-service training.”

During the onsite phase of the audit, the auditor interviewed two (2) contracted staff members from the medical unit. The medical contractor is Centurion. The nurse administrator and a nurse both told the auditor that Centurion requires all medical and mental health staff members to complete the specialized training class as part of their preservice education. They also confirmed that Centurion requires staff members to take the basic PREA course. GDC also requires all medical staff members to take the GDC PREA course. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. SOP 208.06 Attachment 2 - <i>PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff

2. PREA coordinator
3. Random residents

Findings (by provision):

115.241(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “All offenders shall be assessed during an intake screening and upon transfer to another facility for their risk of being Sexually Abused by other offenders or sexually abusive toward other offenders.”

During the onsite phase of the audit, the auditor interviewed a counselor, who is responsible for performing the risk screening with new residents upon their arrival at Bacon TC. He explained that residents are seen by the counselor and have the risk screening performed usually on the day of their arrival at the facility. In some circumstances, the resident may arrive to Bacon late in the day, so the counselor may perform the initial screening on the next day. The auditor interviewed thirty (30) random residents during the onsite audit. All 30 residents confirmed sitting through the initial assessment and being asked the required questions. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.241(b). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Counseling staff members will conduct a screening for risk of victimization and abusiveness in SCRIBE using SCRIBE’s version of Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument. This screening will be conducted within 24 hours of arrival at the facility and again within 30 days of arrival.” In the PAQ, Bacon TC stated there were 771 residents whose length of stay in the facility was for 72 hours or more and all 771 residents had received the intake risk screening within the 72-hour time period.

During the onsite phase of the audit, the auditor interviewed a counselor, who is responsible for performing the risk screening with new residents upon their arrival at Bacon TC. He explained that residents are seen by the counselor and have the risk screening performed usually on the day of their arrival at the facility. In some circumstances, the resident may arrive to Bacon late in the day, so the counselor may perform the initial screening on the next day. The auditor interviewed thirty (30) random residents during the onsite audit. All 30 residents confirmed sitting through the initial assessment and being asked the required questions, and all 30 stated this occurred on their first day in the facility. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.241(c). The facility provided the auditor with a copy of SOP 208.06 *Attachment 2 - PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument* in the PAQ. The Screening Instrument lists the items for the risk of sexual victimization and the potential predatory factors. The instrument’s instructions require scoring based on yes or no answers with a clear number or yes answers. This scoring system is objective because it is a standard scoring system

and not based on individual decision making. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.241(d). The facility provided the auditor with a copy of SOP 208.06 Attachment 2 - *PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument* in the PAQ. The Screening Instrument lists the items for the risk of sexual victimization and the potential predatory factors. The risk of sexual victimization lists each of the criteria listed in this provision.

During the onsite phase of the audit, the auditor interviewed a counselor, who is responsible for performing the risk screening with new residents upon their arrival at Bacon TC. The counselor described to the auditor the items on the screening instrument that relate to potential sexual victimization. The auditor was present while the counselor met with a resident and performed a rescreening for the resident, as he was in the facility for 29 days. The auditor observed the counselor reading the questions directly from the screening instrument to the resident and documenting the resident's responses. The counselor read the questions clearly and easily, even though many of the questions are asking personal information.

The auditor was able to determine the counselor performs this task on a regular basis based on his actions and the ease that he performed the task. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.241(e). The facility provided the auditor with a copy of SOP 208.06 Attachment 2 - *PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument* in the PAQ. The Screening Instrument lists the items for the risk of sexual victimization and the potential predatory factors. The risk of being sexually abusive lists each of the criteria listed in this provision.

During the onsite phase of the audit, the auditor interviewed a counselor, who is responsible for performing the risk screening with new residents upon their arrival at Bacon TC. The counselor described to the auditor the items on the screening instrument that relate to potentially being a predator. The auditor was present while the counselor met with a resident and performed a rescreening for the resident, as he was in the facility for 29 days. The auditor observed the counselor reading the questions directly from the screening instrument to the resident and documenting the resident's responses. The counselor read the questions clearly and easily, even though many of the questions are asking personal information.

The auditor was able to determine the counselor performs this task on a regular basis based on his actions and the ease that he performed the task. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.241(f). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Counseling staff members will conduct a screening for risk of victimization and abusiveness in SCRIBE using SCRIBE's version of Attachment 2, *PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument*. This screening will be conducted within 24 hours of arrival at the facility and again within 30 days of arrival." In the PAQ, Bacon TC stated there were 771 residents whose

length of stay in the facility was for 30 days or more and all 771 residents had received the reassessment risk screening within the 30-day time period. The auditor was provided with completed risk screening assessments for fifteen (15) randomly selected residents as proof the screening and rescreening is performed properly and on time.

During the onsite phase of the audit, the auditor interviewed a counselor, who is responsible for performing the risk screening with new residents upon their arrival at Bacon TC. The counselor stated that all residents are rescreened within thirty (30) days of their arrival at Bacon. He stated that following the initial screening, the counselor's place a notation on their calendar at 28 days, to provide enough time to make sure the rescreening is performed within the 30-day time period. The auditor interviewed thirty (30) random residents during the onsite audit. All 30 residents confirmed sitting through the reassessment and being asked the required questions, usually around 30 days after coming to the facility. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.241(g). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "An offender will also be re-screened 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."

During the onsite phase of the audit, the auditor interviewed a counselor, who is responsible for performing the risk screening with new residents upon their arrival at Bacon TC. The counselor stated residents are continually rescreened, especially upon learning new information relative to a sexual abuse allegation. The counselors make contact with the residents every few months to evaluate their progress and eligibility to move to full transition and begin work outside the facility. The screening is performed each time these contacts occur. The auditor interviewed thirty (30) random residents during the onsite audit. Almost every one of the residents could recall having sit with the counselor for an additional screening while they were incarcerated at Bacon. The transitional residents stated they were screened often, while the counselor evaluated their availability to work and evaluating their work progress. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.241(h). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Offenders should be encouraged to disclose as much information as possible for the Department to provide the most protection possible under this policy. If an offender chooses not to respond to questions relating to his or her level of risk, he or she may not be disciplined."

During the onsite phase of the audit, the auditor interviewed a counselor, who is responsible for performing the risk screening with new residents upon their arrival at Bacon TC. The counselor stated they are not allowed to discipline a resident if they choose to answer or fail to disclose information related to these specific

	<p>questions. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.241(i). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “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>During the onsite phase of the audit, the auditor interviewed a counselor, who is responsible for performing the risk screening with new residents upon their arrival at Bacon TC. The counselor stated that only counselors and the SART team have access to the PREA screening information. The auditor was provided written responses to the PREA interview questions. In those responses, the PREA Coordinator stated, “Only those with a need-to-know have access to the full risk assessment module. Most employees have access to profile icons to determine victim/aggressor status. These profiles do not exploit sensitive, nor confidential information, relating to risk assessments.” Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. SOP 208.06 <i>Attachment 2 - PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument</i> 3. SOP 220.09 <i>Classification and Management of Transgender and Intersex Offenders</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. PREA coordinator 3. Targeted residents 3. Observations: <ol style="list-style-type: none"> 1. Resident housing areas <p>Findings (by provision):</p>

115.242(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Information from this assessment will be used to determine classification decisions with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. The Warden/Superintendent shall designate safe housing for those offenders identified as highly vulnerable to Sexual Abuse. Location(s) shall be identified in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan and in Attachment 11, Staffing Plan Template."

During the onsite phase of the audit, the auditor interviewed a counselor, who is responsible for performing the risk screening with new residents upon their arrival at Bacon TC. The counselor stated the outcome of the risk screening is important when determining housing for the residents. They will never house individuals scoring as potentially at risk for sexual victimization with individuals who score at risk for being sexually abusive. The auditor was provided written responses to the PREA interview questions for the PREA Coordinator. In those responses, the PREA Coordinator stated the ultimate goal is to ensure the facility does not house residents that are at risk of being sexually abused with residents that are at risk of being sexually abusive. That is what makes the risk screening so important in the intake process. The risk screening is also used when scheduling individuals for programming onsite. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.242(b). During the onsite phase of the audit, the auditor interviewed a counselor, who is responsible for performing the risk screening with new residents upon their arrival at Bacon TC. The counselor stated all housing determinations are made on an individual basis. The determination is based on the risk screening results, prior criminal history, length of stay, and available housing space. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.242(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "In deciding whether to assign a Transgender or Intersex offender 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 offender's health and safety, and whether the placement would present management or security problems in accordance with SOP 220.09, Classification and Management of Transgender and Intersex Offenders." The auditor was also provided SOP 220.09 *Classification and Management of Transgender and Intersex Offenders* in the PAQ. The SOP states, "e. The Classification Committee will determine, on a case-by-case basis, the most appropriate classification assignments for each transgender offender; f. Transgender offenders must never be placed in dedicated units or housed only with other transgender offenders; and g. The offenders' own views with respect to their safety should be given serious consideration."

The auditor was provided written responses to the PREA interview questions for the

PREA Coordinator. In those responses, the PREA Coordinator stated that all housing determinations are on a case-by-case basis, but especially for transgender and intersex individuals. The agency would never predetermine for housing for a transgender individual before interviewing the individual and asking the individual's preference. Determinations are made through the Classification Committee. The auditor was unable to interview a transgender individual to confirm information relative to this provision, as there was no transgender individuals housed in the facility at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.242(d). The auditor was provided SOP 220.09 *Classification and Management of Transgender and Intersex Offenders* in the PAQ. The SOP states, "e. The Classification Committee will determine, on a case-by-case basis, the most appropriate classification assignments for each transgender offender; f. Transgender offenders must never be placed in dedicated units or housed only with other transgender offenders; and g. The offenders' own views with respect to their safety should be given serious consideration."

The auditor was provided written responses to the PREA interview questions for the PREA Coordinator. In those responses, the PREA Coordinator stated that all housing determinations are on a case-by-case basis, but especially for transgender and intersex individuals. She stated the transgender or intersex resident's view with respect to their safety would be given consideration when determining housing.

This information is provided directly to the Classification Committee for their review. During the onsite phase of the audit, the auditor also interviewed a counselor relative to this provision. He stated that a transgender individual's views of their own safety would be considered when determining housing and that occurs during their initial classification at GDC. The auditor was unable to interview a transgender individual to confirm information relative to this provision, as there was no transgender individuals housed in the facility at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.242(e). The auditor was provided SOP 220.09 *Classification and Management of Transgender and Intersex Offenders* in the PAQ. The SOP states, "Transgender offenders shall be given the opportunity to shower separately from other offenders."

The auditor was provided written responses to the PREA interview questions for the PREA Coordinator. In those responses, the PREA Coordinator stated that all transgender or intersex residents are provided the opportunity to shower separately from the rest of the residents. During the onsite phase of the audit, the auditor also interviewed a counselor relative to this provision. He stated that transgender individuals are given the opportunity to shower separately in the housing unit. This is easy to do with the layout of the units and the use of the shower curtains. The auditor was unable to interview a transgender individual to confirm information relative to this provision, as there was no transgender individuals housed in the facility at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

	<p>115.242(f). The auditor was provided SOP 220.09 <i>Classification and Management of Transgender and Intersex Offenders</i> in the PAQ. The SOP states, “e. The Classification Committee will determine, on a case-by-case basis, the most appropriate classification assignments for each transgender offender; f. Transgender offenders must never be placed in dedicated units or housed only with other transgender offenders; and g. The offenders’ own views with respect to their safety should be given serious consideration.”</p> <p>The auditor was provided written responses to the PREA interview questions for the PREA Coordinator. In those responses, the PREA Coordinator stated there are no dedicated housing units for transgender individuals or lesbian, gay, or bisexual residents. During the onsite phase of the audit, the auditor was unable to interview gay, lesbian, or transgender residents relative to this provision, as there were no such residents in the facility at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. Bacon TC <i>Resident Handbook</i> 3. SOP 208.06 Attachment 17 - <i>PREA Offender Information Guide - English and Spanish</i> 2. Interviews: <ol style="list-style-type: none"> 1. Random staff 2. Random residents 3. PREA Coordinator 3. Observations: <ol style="list-style-type: none"> 1. Resident housing areas <p>Findings (by provision):</p> <p>115.251(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “Offender Reporting: a. Offenders may make a report of Sexual Abuse, Sexual Harassment, or retaliation by any of the following methods: in writing, or verbally, through internal or external methods available. Offenders shall be encouraged to report allegations immediately and directly to a staff member. All</p>

reports will be promptly documented and investigated. Offenders may choose to report these allegations anonymously.” The auditor was provided with copies of the *Bacon TC Resident Handbook* and SOP 208.06 Attachment 17 - *PREA Offender Information Guide*. The auditor saw all of these methods listed in the documents for the residents to read and understand.

During the onsite phase of the audit, the auditor interviewed ten (10) random staff members. Each of the 10 staff members told the auditor residents could report sexual abuse or sexual harassment several ways including talking directly to a staff member or in writing. The auditor interviewed thirty (30) random residents during the onsite audit. The residents told the auditor they were able to report sexual abuse or sexual harassment several ways including talking directly to a staff member, a counselor, the Assistant Superintendent, or in writing. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.251(b). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “The Department may choose to maintain a Sexual Abuse hotline, currently known as the “PREA hotline.” Hotline calls will not require the use of the offender’s PIN number. Should a Sexual Abuse hotline be maintained, monitoring of this line will be the responsibility of the OPS, with immediate oversight by the Department’s PREA Coordinator or designee. Third party reports may be made to: i. The Ombudsman’s Office at P.O. Box 1529, Forsyth, GA 31029, (478) 992-5358; ii. By email to the PREA Coordinator at PREA.report@gdc.ga.gov and iii. State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, GA 30334.”

During the onsite phase of the audit, the auditor interviewed thirty (30) random residents. Each of the 30 residents told the auditor they had access to telephone numbers to report sexual abuse to the available hotline. The auditor was provided written responses to the PREA interview questions for the PREA Coordinator. The PREA Coordinator stated that the residents can report directly to the PREA hotline by telephone or in writing. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.251(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Staff members shall accept reports made verbally, in writing, and from third parties and shall promptly document any verbal reports.”

During the onsite phase of the audit, the auditor interviewed ten (10) random staff members. Each of the 10 staff members told the auditor residents could report sexual abuse verbally, in writing, anonymously, or through a third party. Staff are required to document verbal reports on an incident report within 24 hours, but as soon as possible. The auditor interviewed thirty (30) random residents during the onsite audit. The residents told the auditor they were able to report sexual abuse or sexual harassment several ways including talking directly to a staff member or in writing. They also knew they could submit anonymous reports and report it through

	<p>a third party. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.251(d). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “reports may be made to: i. The Ombudsman’s Office at P.O. Box 1529, Forsyth, GA 31029, (478) 992-5358; ii. By email to the PREA Coordinator at PREA.report@gdc.ga.gov.”</p> <p>During the onsite phase of the audit, the auditor interviewed ten (10) random staff members. Each of the 10 staff members told the auditor residents could privately report sexual abuse of a resident directly to the Superintendent or to the Ombudsman’s Office. This information is included in the PREA policy. The auditor was told the staff member would first safeguard the resident to ensure their safety, then make the notification immediately to the appropriate individual. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.252(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP 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.”</p> <p>During the onsite phase of the audit, the auditor interviewed the Assistant Superintendent, the PREA Compliance Manager. The auditor asked about the agency’s grievance policy and was told the agency changed the policy a few years ago, eliminating the opportunity for incarcerated individuals to submit a formal grievance to report sexual abuse or sexual harassment. The auditor was told that residents are to submit allegations of abuse or harassment any one of the other</p>

available posted ways. Since the agency has a formal administrative grievance review policy, but it prohibits the filing of allegations of sexual abuse or sexual harassment through this avenue, the agency is exempt from this Standard. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.252(b). The agency has a formal administrative grievance review policy, but it prohibits the filing of allegations of sexual abuse or sexual harassment through this avenue. Therefore, the agency is exempt from this Standard. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.252(c). The agency has a formal administrative grievance review policy, but it prohibits the filing of allegations of sexual abuse or sexual harassment through this avenue. Therefore, the agency is exempt from this Standard. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.252(d). The agency has a formal administrative grievance review policy, but it prohibits the filing of allegations of sexual abuse or sexual harassment through this avenue. Therefore, the agency is exempt from this Standard. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.252(e). The agency has a formal administrative grievance review policy, but it prohibits the filing of allegations of sexual abuse or sexual harassment through this avenue. Therefore, the agency is exempt from this Standard. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.252(f). The agency has a formal administrative grievance review policy, but it prohibits the filing of allegations of sexual abuse or sexual harassment through this avenue. Therefore, the agency is exempt from this Standard. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.252(g). The agency has a formal administrative grievance review policy, but it prohibits the filing of allegations of sexual abuse or sexual harassment through this avenue. Therefore, the agency is exempt from this Standard. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i>

2. *Bacon TC Resident Handbook*
3. *Memorandum of Understanding (MOU) for the Bacon Transitional Center and Satilla Advocacy Services*

2. Interviews:

1. Specialized staff
2. Random residents
3. Targeted residents

Findings (by provision):

115.253(a). The auditor was provided a copy of the *Memorandum of Understanding (MOU) for the Bacon Transitional Center and Satilla Advocacy Services*. The MOU allows for Satilla Advocacy Services (SAC) to provide a victim advocate to correspond with any resident who alleged to have been a victim of sexual abuse while incarcerated or expresses the need for emotional support from an advocate due to prior sexual violence in his life. The facility provided the auditor with a copy of the *Bacon TC Resident Handbook* in the PAQ, and the auditor viewed signs posted inside each of the facility's housing units. The Handbook and the signs identify Satilla Advocacy Services as the agency available for Victim Advocacy and Emotional Support. The signs include this message, "Satilla Advocacy Services has advocates who are available to provide emotional support to inmates who have been sexually victimized, regardless of when or where they were victimized."

Residents are provided both a telephone number to contact Satilla and the mailing address for their advocates.

During the onsite phase of the audit, the auditor interviewed thirty (30) random residents. Twenty-seven of the thirty residents were aware of the services that were available to the residents through Satilla Advocacy Services. The auditor was unable to interview a resident who had filed an allegation of sexual abuse during the onsite audit, as there were no residents housed in the facility who had filed an allegation during the audit. The auditor did note the name and address of Satilla on zero-tolerance posters during the site review. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.253(b). The auditor was provided a copy of the *Memorandum of Understanding (MOU) for the Bacon Transitional Center and Satilla Advocacy Services*. The MOU allows for Satilla Advocacy Services (SAC) to provide a victim advocate to correspond with any resident who alleged to have been a victim of sexual abuse while incarcerated or expresses the need for emotional support from an advocate due to prior sexual violence in his life. The facility provided the auditor with a copy of the *Bacon TC Resident Handbook* in the PAQ, and the auditor viewed signs posted inside each of the facility's housing units. The Handbook and the signs identify Satilla Advocacy Services as the agency available for Victim Advocacy and Emotional Support. Residents are notified the telephone communication with Satilla is recorded, but the information also states the calls are confidential. Residents are also notified the advocates at Satilla have a responsibility to report back to the institution any reports of sexual abuse that may have occurred inside the institution.

During the onsite phase of the audit, the auditor interviewed thirty (30) random residents. Twenty-seven of the thirty residents were aware of the services that were available to the residents through Satilla Advocacy Services. The residents understood that communication with staff at Satilla would be confidential, even by telephone. When asked by the auditor, they understood that confidentiality would be waived if they were to report an incident of sexual abuse or sexual harassment that is alleged to have occurred at Bacon TC. The auditor was unable to interview a resident who had filed an allegation of sexual abuse during the onsite audit, as there were no residents housed in the facility who had filed an allegation during the audit. The auditor understands resident communications with Satilla would be confidential, even though telephone calls are recorded, and mail is not monitored. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.253(c). The auditor was provided a copy of the *Memorandum of Understanding (MOU) for the Bacon Transitional Center and Satilla Advocacy Services*. The MOU allows for Satilla Advocacy Services (SAC) to provide a victim advocate to correspond with any resident who alleged to have been a victim of sexual abuse while incarcerated or expresses the need for emotional support from an advocate due to prior sexual violence in his life. As noted in the MOU, the facility is to provide the residents with the Satilla’s telephone number and mailing address so they can access such services if they choose to do so. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. Georgia Department of Corrections Website 2. Interviews: <ol style="list-style-type: none"> 1. None <p>Findings (by provision):</p> <p>115.254(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “Third Party Reporting: a. Third party reports may be made to: i. The Ombudsman’s Office at P.O. Box 1529, Forsyth, GA 31029, (478) 992-5358; ii. By</p>

email to the PREA Coordinator at PREA.report@gdc.ga.gov; and iii. State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, GA 30334.”

The auditor reviewed the GDC website during the pre-audit phase of the audit and located a page entitled How to Report Sexual Abuse or Harassment of an Inmate.

This page briefly describes the agency’s zero-tolerance policy and outlines options for citizens to reports allegations of sexual abuse or sexual harassment of a resident. The page includes links for three (3) avenues for citizens to utilize if they have information regarding potential sexual abuse or sexual harassment of a resident. The site states to submit it by email or telephone. The auditor completed a test email and submitted it to the email address shown. The auditor received a response from the PREA Unit the next day. This information is posted on the GDC website, which is available for viewing at: **Report Sexual Abuse or Harassment of an Inmate | Georgia Department of Corrections**. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. SOP 507.04.91 <i>Medical Management of Suspected Sexual Assault</i> 3. SOP 103.06 <i>Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Agency head 3. Random staff 4. PREA coordinator <p>Findings (by provision):</p> <p>115.261(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “Staff members shall forward all reports or suspicions of Sexual Abuse or Sexual Harassment to their immediate supervisor or the designated SART member promptly.”</p>

During the onsite phase of the audit, the auditor interviewed ten (10) random staff members. Each of the 10 staff members confirmed their requirement to immediately report allegations of sexual abuse or sexual harassment of a resident. They also confirmed an obligation to report retaliation of a resident or staff member who reported an allegation of sexual abuse or participating in an investigation. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.261(b). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "All PREA information is confidential in nature and shall only be released on a need-to-know basis. 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."

During the onsite phase of the audit, the auditor interviewed ten (10) random staff members. Each of the 10 staff members confirmed a prohibition to keep information regarding sexual abuse allegations confidential unless it is necessary to share the information for the investigation or for screening purposes. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.261(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Staff members shall forward all reports or suspicions of Sexual Abuse or Sexual Harassment to their immediate supervisor or the designated SART member promptly." The auditor was also provided SOP 507.04.91 *Medical Management of Suspected Sexual Assault* in the PAQ. The SOP states, "Outside the context of privileged patient-provider relationships, any Health Care Provider who becomes aware that an offender may have been subjected to sexual contact, sexual harassment, Sexual Abuse, or assault will notify the Warden or Facility Investigator. In the context of a therapeutic patient-provider relationship (Physician, Nurse), the provider will report the incident."

During the onsite phase of the audit, the auditor interviewed two (2) staff members from the medical unit. The nurse administrator and a nurse both stated they were required to report all allegations of sexual abuse or sexual harassment, and they make residents aware of that responsibility prior to beginning any health services for the residents. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.261(d). The auditor was provided written responses to the PREA interview questions from the PREA Coordinator. In those responses, the PREA Coordinator stated, "All allegations are forwarded to the facility in which the incident allegedly occurred. The facility SART investigator is responsible for the admin investigation and our OPS would handle any criminal cases for all offenders. For youthful or elderly offenders, the Georgia Department of Family and Children's Services is contacted, pursuant to mandatory reporting laws."

Bacon TC does not house individuals under the age of eighteen (18) at any time.

Therefore, this provision is not applicable to this agency. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.261(e). The facility provided SOP 103.06 *Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders* in the PAQ. The SOP states, “As soon as an incident of sexual contact, sexual abuse or sexual harassment (this includes rumors, “inmate talk,” and all kissing even though such kissing may not amount to sexual contact, sexual abuse or sexual harassment) comes to the attention of a staff member, the staff member who receives the information shall immediately inform the Warden/Superintendent, and/or the Institutional Duty Officer, and/or the Internal Investigations Unit verbally and follow up with a written report to the Warden. The Warden or Superintendent and/or the Institutional Duty Officer who receives such information shall submit a written request for investigation to the Internal Investigations Unit. The Warden will notify the Field Operations Manager and the Corrections Division Director that a request for investigation has been submitted to the GDC Internal Investigations Unit Director.”

The auditor was provided written responses to the PREA interview questions for the Agency Head. In the responses, the Agency Head stated that all allegations are immediately reported to the facility SART team for investigation and reports are submitted to the Internal Investigations Unit for additional investigation. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (Policies, directives, forms, files, records, etc.) <ol style="list-style-type: none"> 1. SOP 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Agency head 3. Random staff <p>Findings (by provision):</p> <p>115.262(a). Although the agency policy and SOP do not specifically make this statement to immediately safeguard any resident determined to be at imminent risk of sexual abuse, the auditor learned facility staff would take immediate action to</p>

	<p>separate the resident and locate safe housing as soon as possible.</p> <p>The auditor was provided written responses to the PREA interview questions for the Agency Head. In the responses, the Agency Head stated, “In collaboration with the Executive Staff, safety plans are determined on a case-by-case basis. At minimum, the first responder protocols are initiated and any potential victim(s) are immediately separated from any potential aggressors.” During the onsite phase of the audit, the auditor interviewed the Superintendent, the facility head. He made it clear that any resident who was at imminent risk of sexual abuse would be separated from the housing unit and other residents immediately. Staff would make best efforts to locate safe housing or relocate the resident to another GDC facility.</p> <p>The auditor interviewed ten (10) random staff members. Each of the 10 staff members all clearly stated they were required to take immediate action to separate the resident from the housing areas and safeguard the resident until the situation could be reviewed, the potential abuser could be identified, and the safety of the resident could be determined. Staff could then make a decision regarding housing, programming, and job opportunities that would ensure the resident stays free from sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. Specialized staff <p>Findings (by provision):</p> <p>115.263(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “In cases where there is an allegation that Sexual Abuse occurred at another Department facility, the Warden/Superintendent (or his/her designee) of the victim’s current facility will provide notification to the Warden/Superintendent of the institution where the allegation allegedly occurred and the Department’s PREA Coordinator. In cases alleging Sexual Abuse by Staff at another institution, the Warden/Superintendent of the offender’s current facility refers the matter directly to</p>

the Regional SAC and the Department's PREA Coordinator. For non-Department facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred and the Department's PREA Coordinator" In the PAQ, Bacon TC stated they had received no notifications from residents of abuse that had occurred in another facility during the 12 months prior to the onsite audit.

The auditor was unable to review additional documentation relative to this provision as there were no such notifications from residents or to other agencies. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.263(b). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation."

The auditor was unable to review additional documentation relative to this provision as there were no such notifications from residents or to other agencies. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.263(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "The facility shall document that it has provided such notification."

The auditor was unable to review additional documentation relative to this provision as there were no such notifications from residents or to other agencies. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.263(d). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "The facility head or Department office that receives such notification shall ensure that the allegation is investigated only if a previous investigation did not occur."

The auditor was provided written responses to the PREA interview questions for the Agency Head. In those responses, the Agency Head stated, "The Statewide PREA Coordinator's office is contacted and immediately conducts a review of the PREA allegation log to establish whether the report has previously been received and processed or if the report is an initial notification. If it is determined that the report is an initial notification, the PREA Coordinator will contact the facility Warden, where the incident was alleged to have occurred, to initiate a SART investigation and contact OPS if the allegation is criminal in nature." During the onsite phase of the audit, the auditor interviewed the Superintendent, the facility head. He told the auditor if they were to receive such notification from another facility, they would immediately open an investigation, just as they would if the resident was still in custody in the facility. Based upon this analysis, the auditor finds the facility in compliance with this provision.

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*
 2. SOP 208.06 *Attachment 7 PREA Local Procedure Directive and Coordinated Response Plan*
2. Interviews:
 1. Random staff
 2. Specialized staff
 3. Targeted residents

Findings (by provision):

115.264(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Coordinated Response: Each 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. This plan will be kept current and include names and telephone numbers of coordinating parties and be a part of Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan." The auditor was also provided a copy of SOP 208.06 *Attachment 7 PREA Local Procedure Directive and Coordinated Response Plan* in the PAQ. The Attachment states, "Notify your Shift OIC and ensure the victim is separated from the aggressor. Instruct the alleged victim to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence. If known, instruct the alleged perpetrator to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence. Secure the crime scene, if applicable, to restrict access to the area and to prevent handling of evidence until an internal investigator arrives."

In the PAQ, Bacon TC stated there had been no such allegations received from residents during the 12 months prior to the onsite audit, therefore, no steps were taken to preserve evidence or preserve a crime scene.

During the onsite phase of the audit, the auditor interviewed two (2) staff members, one security and one non-security, who had not been a first responder to an incident of sexual abuse, but both were able to accurately explain the first steps to take upon learning of an allegation. The auditor was unable to interview a resident relative to this provision, as there were no residents currently housed who had reported an allegation of sexual abuse or sexual harassment. Based upon this analysis, the auditor finds the facility in compliance with this provision.

	<p>115.264(b). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “If the first responder is not a security staff member (Facility Director/ Supervision), the first responder shall request that the alleged victim not take any actions that could destroy physical evidence; and/or notify security staff.” In the PAQ, Bacon TC stated there had been no such allegations received from residents during the 12 months prior to the onsite audit, therefore, no steps were taken to preserve evidence or preserve a crime scene.</p> <p>During the onsite phase of the audit, the auditor interviewed two (2) staff members, one security and one non-security, who had not been a first responder to an incident of sexual abuse, but both were able to accurately explain the first steps to take upon learning of an allegation. The auditor interviewed ten (10) random staff members, and all 10 described all four (4) required steps in this provision. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. SOP 208.06 <i>Attachment 7 PREA Local Procedure Directive and Coordinated Response Plan</i> 2. Interviews: <ol style="list-style-type: none"> 1. Facility head <p>Findings (by provision):</p> <p>115.265(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “Coordinated Response: Each 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. This plan will be kept current and include names and telephone numbers of coordinating parties and be a part of Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.” The auditor was also provided a copy of SOP 208.06 <i>Attachment 7 PREA Local Procedure Directive and Coordinated Response Plan</i> in the PAQ. The Attachment states, “Notify your Shift OIC and ensure the victim is separated from the aggressor. Instruct the alleged</p>

	<p>victim to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence. If known, instruct the alleged perpetrator to refrain from changing clothes, drinking, eating, brushing teeth, or any other activity that could destroy any physical evidence. Secure the crime scene, if applicable, to restrict access to the area and to prevent handling of evidence until an internal investigator arrives.” The auditor reviewed the coordinated response plan and found it to be complete, providing steps for first responders, the SART team, medical staff, and also provides instructions for the proper housing of the alleged victim and the alleged abuser.</p> <p>During the onsite phase of the audit, the auditor interviewed the Superintendent, the facility director. The Superintendent talked with the auditor about the coordinated response plan and the importance of all parties knowing their role when an allegation of sexual abuse is reported. The failure to take the proper actions can negatively affect the outcome of an investigation or cause the loss of evidence. He told the auditor all staff are aware to immediately report any allegations and the SART team would take action to begin the investigation. He said that staff are reminded during annual training of the proper steps to ensure these steps are taken. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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<p>115.266</p>	<p>Preservation of ability to protect residents from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. None 2. Interviews: <ol style="list-style-type: none"> 1. Agency head <p>Findings (by provision):</p> <p>115.266(a). The facility indicated in the PAQ they have no collective bargaining agreement for their staff.</p> <p>The auditor was provided written responses to the PREA interview questions for the Agency Head. In the responses, the Agency Head stated there is no collective bargaining agreement for any staff with the GDC. Therefore, this standard is not applicable for this agency. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>

115.266(b). The auditor is not required to audit this provision.

115.267 Agency protection against retaliation

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*
2. Interviews:
 1. Agency head
 2. Specialized staff
 3. Targeted residents

Findings (by provision):

115.267(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “The Department shall protect offenders and staff members who report Sexual Abuse or Sexual Harassment from retaliation. The Warden/Superintendent shall designate a staff member to serve as the facility Retaliation Monitor and identify them as such in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan. Multiple protection measures include offender housing changes or transfers, removal of alleged staff member or offender abusers from contact with victims, and emotional support services for offenders or staff members who fear retaliation for reporting or for cooperating with investigations.” Bacon TC stated in the PAQ that one of the counselors is assigned as the facility’s retaliation monitor. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.267(b). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Multiple protection measures include offender housing changes or transfers, removal of alleged staff member or offender abusers from contact with victims, and emotional support services for offenders or staff members who fear retaliation for reporting or for cooperating with investigations.”

The auditor was provided written responses to the PREA interview questions for the Agency Head. In the responses, the Agency Head stated, “Our agency 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 inmates for cooperation will be disciplined up to and including termination or prosecution, if applicable.” During the onsite phase of the audit, the auditor interviewed the Superintendent, the facility head. He stated that retaliation for a staff member or a resident is never allowed, and the agency would take immediate action upon learning that something has happened. Some of the protective measures discussed for residents would be to change the housing assignment, work with the resident to find new employment, or to move the resident who engaged in retaliation to another facility or back into confinement. The auditor also interviewed the designated retaliation monitor, one of the counselors. She told the auditor the same protective measures. The auditor was unable to interview a resident who had reported an allegation of sexual abuse as there were no residents in the facility at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.267(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “The designated Retaliation Monitor shall, for at least 90 days following a report of abuse, monitor the conduct and treatment of offenders or staff members who reported the Sexual Abuse or who participated in an investigation to see if there are any changes that may suggest possible retaliation, and will act promptly to remedy any such retaliation. Such monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need.” In the PAQ, Bacon TC stated there were no cases of reported retaliation by a resident or a staff member during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed the Superintendent, the facility director, who confirmed the 90-day retaliation monitoring time frame. He was unaware of any case of reported retaliation during the last 12 months. The auditor also interviewed the designated retaliation monitor, one of the counselors. She told the auditor she checks with any individual who reports an incident of sexual abuse or sexual harassment every 30 days, up to the 90-day mark, to ensure they do not experience any concerns with retaliation. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.267(d). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “This monitoring will include review of any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff members. Periodic in-person status checks shall be made by the monitor as well. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each offender monitored. The original shall be kept in a master file by the monitor and a copy placed in the SART investigation file upon completion.”

During the onsite phase of the audit, the auditor interviewed the designated retaliation monitor, one of the counselors. She told the auditor she checks with any individual who reports an incident of sexual abuse or sexual harassment every 30 days, up to the 90-day mark, to ensure they do not experience any concerns with

	<p>retaliation. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.267(e). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “Anyone who retaliates against a staff member or an offender 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.”</p> <p>The auditor was provided written responses to the PREA interview questions for the Agency Head. In the responses, the Agency Head stated, “Individuals who express fear of retaliation will be counseled and monitored to ensure measures are in place to protect that individual(s).” During the onsite phase of the audit, the auditor interviewed the Superintendent, the facility director, and he repeated many of the same protective measures as the agency head. He also told the auditor that steps could be taken to protect a staff member who was experiencing retaliation for taking part in an investigation. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.267(f). The auditor is not required to audit this provision.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. Interviews: <ol style="list-style-type: none"> 1. Agency head 2. PREA coordinator 3. Specialized staff 4. Targeted residents <p>Findings (by provision):</p> <p>115.271(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “All reports of Sexual Abuse or Sexual Harassment will be considered allegations and will be investigated. All Sexual Abuse and Sexual Harassment investigations shall be prompt, thorough, and objective.”</p>

During the onsite phase of the audit, the auditor interviewed the Chief of Security. The Lieutenant, a member of the SART team, leads investigations of sexual abuse and sexual harassment at the facility level. He told the auditor that investigations begin as soon as the report is received. The investigations are performed promptly and thoroughly, and, according to the Lieutenant, should be completed within two (2) weeks when the allegation is reported. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.271(b). Administrative investigations are performed by staff at the facility level. The Chief of Security is tasked with performing the investigations at Bacon TC. He confirmed for the auditor that he had completed the required specialized training course for investigations in a confinement setting. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.271(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Agents and investigators shall gather and preserve direct and circumstantial evidence including any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator."

During the onsite phase of the audit, the auditor interviewed the Chief of Security. The Lieutenant, a member of the SART team, leads investigations of sexual abuse and sexual harassment at the facility level. He told the auditor that he collects physical evidence as soon as possible to ensure the evidence is not lost. He said he has access to resident phone calls, video, statements from other residents, statements from staff, DNA, and any other evidence that will assist in his determination. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.271(d). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Where Sexual Abuse is alleged and cannot be cleared at the local level (as indicated in G.5 of this section), 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 who has received special training in Sexual Abuse investigations."

During the onsite phase of the audit, the auditor interviewed the Chief of Security. The Lieutenant, a member of the SART team, leads investigations of sexual abuse and sexual harassment at the facility level. He told the auditor that if it appears the allegations will lead to criminal charges, it is immediately forwarded to OPS for the criminal investigation. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.271(e). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP 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 offender or

staff member.”

During the onsite phase of the audit, the auditor interviewed the Chief of Security.

The Lieutenant, a member of the SART team, leads investigations of sexual abuse and sexual harassment at the facility level. He told the auditor that credibility of anyone involved in a sexual abuse investigation is not based upon the uniform they wear. He listens to the allegations and the statements and makes determinations for each case based on the evidence provided. The auditor was unable to interview a resident relative to this provision, as there were no residents who had reported an allegation housed in the facility at the time of the audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.271(f). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP 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.”

During the onsite phase of the audit, the auditor interviewed the Chief of Security.

The Lieutenant, a member of the SART team, leads investigations of sexual abuse and sexual harassment at the facility level. He told the auditor that every investigation includes a review to see what outside actions or failures may have contributed to the abuser’s ability to commit the prohibited action. At the conclusion of the investigation, he writes a complete report that documents the evidence collected and reviewed, his credibility assessments, and his findings.

Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.271(g). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP 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.”

During the onsite phase of the audit, the auditor interviewed the Chief of Security.

The Lieutenant, a member of the SART team, leads investigations of sexual abuse and sexual harassment at the facility level. He told the auditor the OPS investigators would complete a full investigative report and send a copy to the facility for follow-up and completion of the file. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.271(h). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Substantiated Allegations of conduct that are deemed criminal shall be referred for prosecution if there is enough evidence to prosecute.”

During the onsite phase of the audit, the auditor interviewed the Chief of Security. The Lieutenant, a member of the SART team, leads investigations of sexual abuse and sexual harassment at the facility level. He told the auditor the goal of any investigation is to file criminal charges, when it appears the evidence shows it to be criminal in nature. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.271(i). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "OPS shall maintain all such written reports for as long as the alleged abuser is incarcerated or employed by the Department, plus five (5) years."

The agency maintains copies of all criminal and administrative investigations. The PREA compliance manager told the auditor they would maintain copies of the reports for at least five (5) years past the date a resident was released from Bacon TC, or a staff member left the employ of Bacon TC. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.271(j). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "The recanting of an allegation or the departure of the alleged abuser or victim from the employment or control of the Department shall not provide a basis for terminating an investigation."

During the onsite phase of the audit, the auditor interviewed the Chief of Security. The Lieutenant, a member of the SART team, leads investigations of sexual abuse and sexual harassment at the facility level. He told the auditor all investigations for sexual abuse or sexual harassment are completed even if the resident is transferred or released and if the staff member terminates employment with GDC. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.271(k). The auditor is not required to audit this provision.

115.271(l). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "When outside agencies investigate Sexual Abuse, the Department shall cooperate with the outside investigators and shall endeavor to remain informed about the progress of the investigations."

During the onsite phase of the audit, the auditor interviewed the Superintendent, the facility head. He stated that facility investigators would easily cooperate with outside investigators if they were brought in to investigate allegations. The auditor was provided written responses to the PREA interview questions for the PREA Coordinator. In those responses, the PREA Coordinator stated, "Our agency investigates all allegations of sexual abuse and sexual harassment and these allegations are not investigated by an outside agency." The auditor also interviewed the Chief of Security, who performs investigations at the facility level. He stated that normally they do not have outside investigator, but would work cooperatively with any outside agency. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.272(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “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>During the onsite phase of the audit, the auditor interviewed the Chief of Security. The Lieutenant, a member of the SART team, leads investigations of sexual abuse and sexual harassment at the facility level. He told the auditor the standard of evidence for the administrative investigations is the preponderance of evidence, or fifty-one percent, leaning the assessment either as occurred or not occurred. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: <i>(Policies, directives, forms, files, records, etc.)</i> <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. SOP 208.06 <i>Attachment 3 PREA Disposition Offender Notification Form</i> 3. Sexual Abuse Investigation Files 2. Interviews:

1. Specialized staff
2. Targeted residents

Findings (by provision):

115.273(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Following the close of an administrative investigation into an offender's allegation that he or she suffered Sexual Abuse or Sexual Harassment in a Department facility, the Warden/Superintendent shall ensure the offender is notified as to whether the Allegation has been determined to be Substantiated, Unsubstantiated, Unfounded, Unsubstantiated-forwarded to OPS, Substantiated-forwarded to OPS, or not PREA. This will be completed by a member of the local SART unless appointing authority delegates to another designee. In the event an allegation is forwarded to OPS for investigation, the facility shall also notify the offender of the outcome of the OPS investigation upon completion." In the PAQ, Bacon TC stated there was one (1) completed investigation and one (1) where the resident was notified of the outcome of the investigation during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor interviewed the Superintendent, the facility director. He confirmed the requirement to notify the resident when the investigation is completed. The PREA compliance manager usually notifies the resident. The auditor also interviewed the Chief of Security, a Lieutenant, who performs the sexual abuse investigations. He stated the resident is always notified of the outcome upon completion of the investigation. The auditor was unable to interview a resident who had reported an allegation of sexual abuse or sexual harassment, as there were no residents housed in the facility at the time of the audit. The auditor reviewed the facility's sexual abuse investigation files from the 12 months prior to the onsite audit. That file contained written proof of notification to the resident, which was signed by the resident as proof he had received the notification. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.273(b). Criminal and administrative investigations are performed by agency investigators, so this provision of the standard is not applicable. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.273(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "In the event an allegation is forwarded to OPS for investigation, the facility shall also notify the offender of the outcome of the OPS investigation upon completion. Such notifications or attempted notifications shall be documented on Attachment 3, PREA Disposition Offender Notification Form." In the PAQ, Bacon TC stated there had been no substantiated allegations of sexual abuse by a staff member and no notifications to a resident during the 12 months prior to the onsite audit. The auditor was provided a copy of the SOP 208.06 *Attachment 3 PREA*

Disposition Offender Notification Form in the PAQ. Although the SOP does not specifically state the residents would receive these notifications, the option to provide these notifications appears on the form.

During the onsite phase of the audit, the auditor was unable to interview a resident who had reported an incident of sexual abuse, as there were no residents housed in the facility who had made such a report at the time of the audit. The auditor reviewed the facility's sexual abuse investigation files from the 12 months prior to the onsite audit. There were no cases of substantiated sexual abuse or sexual harassment allegations against a staff member. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.273(d). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "In the event an allegation is forwarded to OPS for investigation, the facility shall also notify the offender of the outcome of the OPS investigation upon completion. Such notifications or attempted notifications shall be documented on Attachment 3, PREA Disposition Offender Notification Form." In the PAQ, Bacon TC stated there had been no substantiated allegations of sexual abuse by a resident and no notifications to a resident during the 12 months prior to the onsite audit.

The auditor was provided a copy of the SOP 208.06 *Attachment 3 PREA Disposition Offender Notification Form* in the PAQ. Although the SOP does not specifically state the residents would receive these notifications, the option to provide these notifications appears on the form.

During the onsite phase of the audit, the auditor was unable to interview a resident who had reported an incident of sexual abuse, as there were no residents housed in the facility who had made such a report at the time of the audit. The auditor reviewed the facility's sexual abuse investigation files from the 12 months prior to the onsite audit. There were no cases of substantiated sexual abuse or sexual harassment allegations against another resident. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.273(e). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Such notifications or attempted notifications shall be documented on Attachment 3, PREA Disposition Offender Notification Form. The Department's obligation to report under this standard shall terminate if the offender is released from the Department's custody." The auditor was provided a copy of the SOP 208.06 *Attachment 3 PREA Disposition Offender Notification Form* in the PAQ.

During the onsite phase of the audit, the auditor reviewed the facility's sexual abuse investigation files from the 12 months prior to the onsite audit. The auditor viewed the one (1) completed notification form to a resident, complete with the resident's signature as proof the resident had received the form. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.273(f). The auditor is not required to audit this provision.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. Interviews: <ol style="list-style-type: none"> 1. None <p>Findings (by provision):</p> <p>115.276(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “Staff members who engage in Sexual Abuse with an offender shall be banned from correctional institutions and subject to disciplinary action, with termination being the presumptive discipline, and may also be referred for criminal prosecution when appropriate.” Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.276(b). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “Staff members who engage in Sexual Abuse with an offender shall be banned from correctional institutions and subject to disciplinary action, with termination being the presumptive discipline, and may also be referred for criminal prosecution when appropriate.” In the PAQ, Bacon TC stated there were no cases where a staff member had violated the agency’s sexual abuse or sexual harassment policies and no cases where a staff member had been terminated during the 12 months prior to the onsite audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.276(c). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “Disciplinary sanctions for violations of Department policy related to Sexual Harassment 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 members with similar histories.” Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.276(d). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “All terminations for violations of the Department 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</p>

agencies, unless the activity was clearly not criminal. These shall also be reported, as required, to the Georgia Peace Officers Standards and Training Council (POST).”
 In the PAQ, Bacon TC stated there were no such notifications during the 12 months prior to the onsite audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. Sexual Abuse Investigation Files 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff <p>Findings (by provision):</p> <p>115.277(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “Contractors and Volunteers: Any contractor or volunteer who engages in Sexual Abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders in the case of any other violation of Department Sexual Abuse or Sexual Harassment policies by a contractor or volunteer.” In the PAQ, Bacon TC stated there were no volunteers or contractors reported to law enforcement or licensing bodies during the 12 months prior to the onsite audit.</p> <p>The auditor reviewed the agency’s sexual abuse investigation files from the 12 months prior to the onsite audit. There were no allegations or investigations related to a volunteer or contractor. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.277(b). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “Contractors and Volunteers: Any contractor or volunteer who engages in Sexual Abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal,</p>

and to relevant licensing bodies. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders in the case of any other violation of Department Sexual Abuse or Sexual Harassment policies by a contractor or volunteer.”

During the onsite audit, the auditor interviewed the Superintendent, the facility director. The Superintendent stated the agency would not consider remedial measures for any contractor or volunteer who had been found in violation of the agency’s sexual abuse or sexual harassment policies. Instead, they would just prohibit future work at the facility to protect the residents from any future potential abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.278 Disciplinary sanctions for residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

- 1. Documents: *(Policies, directives, forms, files, records, etc.)*
 - 1. SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*
- 2. Interviews:
 - 1. Specialized staff

Findings (by provision):

115.278(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-to-offender Sexual Harassment, offender-to-offender Sexual Abuse, or a criminal finding of guilt for offender-to-offender.” In the PAQ, Bacon TC stated there had been no residents found responsible of sexual abuse violations in either administrative or criminal findings during the 12 months prior to the onsite audit. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.278(b). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.”

During the onsite audit, the auditor interviewed the Superintendent, the facility director. The Superintendent stated that all discipline and sanctions for the resident would be determined through a proper disciplinary hearing as required by policy. The outcome would reflect the resident's history and prior offenses, if any. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.278(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "The disciplinary process shall consider whether the offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. See SOP 508.18, Mental Health Discipline Procedures."

During the onsite audit, the auditor interviewed the Superintendent, the facility director. The Superintendent stated that all discipline and sanctions for the resident would take into account the resident's mental health status. There are specific steps that must be taken that are outlined the policy. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.278(d). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "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."

During the onsite phase of the audit, the auditor interviewed the nurse administrator. She was aware that some GDC facilities offer therapy and counseling related to sexual aggression, but that is not available at Bacon TC. She stated that guilty residents who may be eligible for such would have to be transferred to another institution to take part. Residents would not be required to participate. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.278(e). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "An offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact." Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.278(f). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "For the purposes of a disciplinary action, a report of Sexual Abuse made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation." Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.278(g). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The

	<p>SOP states, "The Department prohibits all consensual sexual activity between offenders, and offenders may be subject to disciplinary action for such activity. Consensual (non-coerced) sexual activity between offenders does not constitute Sexual Abuse but is considered a disciplinary issue." Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. SOP 507.04.91 <i>Medical Management of Suspected Sexual Assault</i> 2. Interviews: <ol style="list-style-type: none"> 1. Specialized staff 2. Targeted residents <p>Findings (by provision):</p> <p>115.282(a). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, "The Department shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR § 115 and in accordance with SOP 507.04.85, Informed Consent and SOP 507.04.91, Medical Management of Suspected Sexual Assault." The auditor was also provided SOP 507.04.91 <i>Medical Management of Suspected Sexual Assault</i> in the PAQ. The SOP states, "When an allegation of sexual assault has been made by an offender, arrangements will be made for a medical evaluation to determine the extent of physical injuries and to evaluate for sexually transmitted infections and/or possible pregnancy."</p> <p>During the onsite phase of the audit, the auditor interviewed two (2) staff members from the medical unit. The nurse administrator and a nurse both stated that any resident who reports an incident of sexual abuse or sexual harassment would be brought to medical as soon as possible to be evaluated for any injuries or other medical needs. Medical staff is not on duty 24 hours a day, so after hours, staff members would evaluate the resident for any medical needs and consult with the on-call provider or call 911 for emergent transport to the hospital if injuries warranted such action. The auditor was unable to interview a resident who had reported an incident of sexual abuse relative to this provision as there were no residents housed in the facility during the audit that had reported an allegation of</p>

sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.282(b). During the onsite phase of the audit, the auditor interviewed a security staff member and a non-security staff member who would be a first responder to an incident of sexual abuse. Both indicated that, although they had not been a first responder, they would immediately safeguard the victim and request the victim preserve any potential evidence. The auditor was told that a supervisor would immediately evaluate the resident for any medical needs and consult with the on-call provider or call 911 for emergent transport to the hospital if injuries warranted such action. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.282(c). The facility provided SOP 507.04.91 *Medical Management of Suspected Sexual Assault* in the PAQ. The SOP states, "When an allegation of sexual assault has been made by an offender, arrangements will be made for a medical evaluation to determine the extent of physical injuries and to evaluate for sexually transmitted infections and/or possible pregnancy. Prophylactic treatment for sexually transmitted diseases will be provided if medically appropriate to the situation."

During the onsite phase of the audit, the auditor interviewed two (2) staff members from the medical unit. The nurse administrator and a nurse both stated that any resident who reports an incident of sexual abuse or sexual harassment would be brought to medical as soon as possible to be evaluated for any injuries or other medical needs, including an evaluation for the need for prophylactic medications for sexually transmitted infections. The auditor was unable to interview a resident who had reported an incident of sexual abuse relative to this provision as there were no residents housed in the facility during the audit that had reported an allegation of sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.282(d). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "The SANE examination shall be provided at no cost to the offender." Although the SOP does not specifically state all medical care, the auditor understands through interviews that all care provided by medical and mental health care staff would be provided at no cost to the resident sexual abuse victim.

During the onsite phase of the audit, the auditor interviewed two (2) staff members from the medical unit. The nurse administrator and a nurse both told the auditor that GDC would not charge fees for any medical or mental health care for a resident following an allegation of sexual abuse or sexual harassment. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.283

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*
 2. SOP 507.04.91 *Medical Management of Suspected Sexual Assault*
 3. SOP 508.22 *Mental Health Management of Suspected Sexual Abuse or Sexual Harassment*
2. Interviews:
 1. Specialized staff

Findings (by provision):

115.283(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, "Offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior, or inmates that are alleged victims or aggressors of a Sexual Harassment or Sexual Abuse allegation, must be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening. Staff must complete Attachment 14, PREA Counseling Referral Form." The auditor was provided SOP 507.04.91 *Medical Management of Suspected Sexual Assault* in the PAQ. The SOP states, "When an allegation of sexual assault has been made by an offender, arrangements will be made for a medical evaluation to determine the extent of physical injuries and to evaluate for sexually transmitted infections and/or possible pregnancy." The auditor was also provided SOP 508.22 *Mental Health Management of Suspected Sexual Abuse or Sexual Harassment*. The SOP states, "Offenders stating that they have been subjected to Sexual Abuse, Sexual Misconduct, or Sexual Harassment will be treated in a professionally sensitive and non-judgmental manner. Mental health staff will perform an initial evaluation to assess the emotional impact of the alleged incident victim within one business day, or sooner if deemed an emergency." Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.283(b). The auditor was provided SOP 507.04.91 *Medical Management of Suspected Sexual Assault* in the PAQ. The SOP states, "After completion of the medical evaluation, strong consideration will be given to admitting the offender to the infirmary or other safe environment for observation. There will be an evaluation by a qualified mental health professional for crisis intervention counseling and follow-up in accordance with guidelines developed by mental health services (See SOP 508.22, *Mental Health Management of Suspected Sexual Abuse or Sexual Harassment*). A follow-up appointment will be made within three (3) days for the offender with the institutional clinician. If no medical staff is on duty, arrangements will be made to place the offender in a safe environment until medical staff can

provide follow-up care for the individual.”

During the onsite phase of the audit, the auditor interviewed two (2) staff members from the medical unit. The nurse administrator and a nurse told the auditor the resident victim would be evaluated for any follow-up medical or mental health needs, which may include a full treatment plan, additional testing for STIs, and an evaluation to be shared with Security Operations that the resident may have to be transferred to another institution. The auditor was unable to interview a resident who had reported an incident of sexual abuse relative to this provision as there were no residents housed in the facility during the audit that had reported an allegation of sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.283(c). During the onsite phase of the audit, the auditor interviewed two (2) staff members from the medical unit. The nurse administrator and a nurse both confirmed that all services provided for the residents, related to sexual abuse or for any other reason, would be consistent with the community level of care. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.283(d). Bacon TC does not house female residents, so this provision of the standard is not applicable.

During the onsite phase of the audit, the auditor interviewed two (2) staff members from the medical unit. The nurse administrator and a nurse both confirmed these services are available for female incarcerated individuals at GDC, but not applicable at Bacon TC. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.283(e). Bacon TC does not house female residents, so this provision of the standard is not applicable.

During the onsite phase of the audit, the auditor interviewed two (2) staff members from the medical unit. The nurse administrator and a nurse both confirmed these services are available for female incarcerated individuals at GDC, but not applicable at Bacon TC. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.283(f). The auditor was provided SOP 507.04.91 *Medical Management of Suspected Sexual Assault* in the PAQ. The SOP states, “Prophylactic treatment for sexually transmitted diseases will be provided if medically appropriate to the situation.”

During the onsite phase of the audit, the auditor interviewed two (2) staff members from the medical unit. The nurse administrator and a nurse both confirmed any resident who alleges an incident of sexual abuse would be tested for sexually transmitted infections and provided prophylactic medications, if the level of physical contact warranted such action. The auditor was unable to interview a resident who had reported an incident of sexual abuse relative to this provision as there were no residents housed in the facility during the audit that had reported an allegation of

	<p>sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.283(g). The facility provided SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> in the PAQ. The SOP states, “The SANE examination shall be provided at no cost to the offender.” Although the SOP does not specifically state all medical care, the auditor understands through interviews that all care provided by medical and mental health care staff would be provided at no cost to the resident sexual abuse victim.</p> <p>During the onsite phase of the audit, the auditor interviewed two (2) staff members from the medical unit. The nurse administrator and a nurse both told the auditor that GDC would not charge fees for any medical or mental health care for a resident following an allegation of sexual abuse or sexual harassment. The auditor was unable to interview a resident who had reported an incident of sexual abuse relative to this provision as there were no residents housed in the facility during the audit that had reported an allegation of sexual abuse. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.283(h). The auditor was provided SOP 508.22 <i>Mental Health Management of Suspected Sexual Abuse or Sexual Harassment</i>. The SOP states, “Specific Procedures for Substantiated Offender-On-Offender Abusers: 1. mental health staff will evaluate all substantiated offender-on-offender abusers within sixty (60) days from date of substantiation and offer mental health treatment when deemed appropriate.”</p> <p>During the onsite phase of the audit, the auditor interviewed two (2) staff members from the medical unit. The nurse administrator and a nurse both confirmed the requirement to evaluate residents found to be sexual abuse offenders. That is performed by mental health care practitioners. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. SOP 208.06 <i>Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program</i> 2. SOP 208.06 <i>Attachment 9 Sexual Abuse Incident Review Checklist</i> 3. Sexual Abuse Investigation Files

2. Interviews:
 1. Agency head
 2. PREA coordinator
 3. Specialized staff

Findings (by provision):

115.286(a). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Monthly Sexual Abuse Program Review. The facility SAIRT shall conduct a Sexual Abuse incident review within 30 days of the conclusion of every Substantiated and Unsubstantiated Sexual Abuse investigation to review and assess the facility’s PREA prevention, detection, and response efforts as stipulated in Attachment 9, Sexual Abuse Incident Review Checklist. Reviews are not necessary for harassment Allegations or incidents with a disposition of Unfounded or not PREA.” In the PAQ, Bacon TC stated there was one such incident review during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor reviewed the facility’s sexual abuse investigation files from the 12 months prior to the onsite audit. The one (1) file included the required incident review. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.286(b). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “The facility SAIRT shall conduct a Sexual Abuse incident review within 30 days of the conclusion of every Substantiated and Unsubstantiated Sexual Abuse investigation to review and assess the facility’s PREA prevention, detection, and response efforts as stipulated in Attachment 9, Sexual Abuse Incident Review Checklist.” In the PAQ, Bacon TC stated there was one such incident review during the 12 months prior to the onsite audit.

During the onsite phase of the audit, the auditor reviewed the agency’s two (2) sexual harassment investigation files from the 12 months prior to the onsite audit. One (1) of the files included the required incident review, as the second file’s outcome was unfounded, and the incident review was not required. The completed incident review was completed within 30 days of the conclusion of the investigation. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.286(c). The facility provided SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “The facility SAIRT shall conduct a Sexual Abuse incident review within 30 days of the conclusion of every Substantiated and Unsubstantiated Sexual Abuse investigation to review and assess the facility’s PREA prevention, detection, and response efforts as stipulated in Attachment 9, Sexual Abuse Incident Review Checklist.”

During the onsite phase of the audit, the auditor interviewed the Superintendent, the facility director. The Superintendent confirmed being part of the incident review team and participating in the review meeting. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.286(d). The facility provided SOP 208.06 *Attachment 9 Sexual Abuse Incident Review Checklist* in the PAQ. The Checklist includes the following questions to be answered during the incident review: 2. Did the allegation or investigation indicate a need to change policy or practice to prevent, detect, or respond to sexual abuse? 3. Did the allegation or investigation indicate a motivation by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility? 4. Was an examination of the area in the facility where the incident allegedly occurred conducted to determine whether physical barriers of the area may enable abuse? 5. In the area where the incident allegedly occurred were there adequate staffing levels in that area during different shifts? and 6. In the area where the incident allegedly occurred should monitoring technology be deployed or augmented to supplement supervision by staff?

During the onsite phase of the audit, the auditor interviewed the Superintendent, the facility head, who confirmed they hold an incident review meeting following the completion of the investigation. He told the auditor they look at the allegation, the outcome of the investigation, and if there were any motivations of the abuser that led to the incident of sexual abuse. Part of the review is to evaluate where the incident occurred, the level of staffing, and evaluate available video monitoring. If the review finds the need for a recommendation, that would be part of the final report. The auditor also interviewed the Chief of Security, who is a member of the facility SART team and takes a role in the incident review meeting. He told the auditor the review would include each of the items listed in this provision of the standard. The auditor was provided written responses to the PREA interview questions for the PREA Coordinator. In those responses, the PREA Coordinator stated the incident review is a vital part of the review of any allegation to ensure that if motivations or shortcomings on the part of the facility are found, the facility can take action to avoid the same type of incident occurring again in the future.

Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.286(e). During the onsite phase of the audit, the auditor interviewed the Superintendent, the facility head. He stated he would review the report from the incident review and any included recommendation, which would definitely be implemented to help to avoid future incidents of sexual abuse in the facility. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.287	Data collection
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program*
 2. *2023 GDC PREA Annual Report*
 3. *2022 GDC PREA Annual Report*
 4. *2021 Survey of Sexual Violence (SSV)*
2. Interviews:
 1. None

Findings (by provision):

115.287(a). The auditor was provided with SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Each facility shall submit a report to the Department’s PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator’s office. This form shall be submitted by e-mail no later than the third calendar day of the month following the reporting month. All allegations investigated within the month shall be included on this report along with the appropriate disposition.” The facility provided a copy of the *Incident Demographic Information* form, which is utilized by the facility to provide the important information regarding each incident to the Department’s PREA Analyst. The form requests detailed information about the victim, the abuser, the facility location where the incident occurred, and the details about the incident. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.287(b). The auditor was provided with SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “The Department shall review data collected and aggregated of all Sexual Abuse allegations in order to improve staff performance, identify problem areas, and improve facility operations and offender sexual safety. The Department shall publish the data in an annual report, comparing each years’ data, and provide an assessment of progress in addressing offender Sexual Abuse. It shall make this publicly available on its website.” The facility provided the auditor with a copy of the *2023 GDC PREA Annual Report* and the *2022 GDC PREA Annual Report* in the PAQ. The reports show the agency’s aggregated annual sexual abuse and sexual harassment incident data from calendar years 2022 and 2023. The data lists the allegations under a standardized set of definitions that mirror the definitions set in the PREA standards. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.287(c). The facility provided the auditor with a copy of the *2023 GDC PREA Annual Report* and the *2022 GDC PREA Annual Report* in the PAQ. The reports show the agency’s aggregated annual sexual abuse and sexual harassment incident data

from calendar years 2022 and 2023. The data lists the allegations under a standardized set of definitions that mirror the definitions set in the PREA standards.

Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.287(d). The auditor was provided with SOP 208.06 *Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program* in the PAQ. The SOP states, “Each facility shall submit a report to the Department’s PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator’s office. This form shall be submitted by e-mail no later than the third calendar day of the month following the reporting month. All allegations investigated within the month shall be included on this report along with the appropriate disposition.” The facility provided a copy of the Incident Demographic Information form, which is utilized by the facility to provide the important information regarding each incident to the Department’s PREA Analyst. The form requests detailed information about the victim, the abuser, the facility location where the incident occurred, and the details about the incident. Based upon this analysis, the auditor finds the facility in compliance with this provision.

The facility provided the auditor with a copy of the *2023 PREA Annual Report* in the PAQ. The report shows the agencies annual sexual abuse and sexual harassment incident data from calendar year 2023. The auditor reviewed the report and can see the report includes the data from the available sexual abuse and sexual harassment allegations, the outcomes, and the incident reviews. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.287(e). The facility provided the auditor with a copy of the *2023 PREA Annual Report* in the PAQ. The report states clearly that it contains data collected from each of agency’s 34 state prison facilities, eleven (11) transitional centers, 21 county correctional institutions, and four (4) private prisons. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.287(f). The facility provided the auditor with a copy of the *2021 Survey of Sexual Violence (SSV)*, which was completed and submitted to Bureau of Justice Statistics. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance determination:

1. Documents: (*Policies, directives, forms, files, records, etc.*)
 1. 2023 GDC PREA Annual Report
 2. 2022 GDC PREA Annual Report
2. Interviews:
 1. Agency head
 2. PREA coordinator

Findings (by provision):

115.288(a). The facility provided the auditor with a copy of the *2023 GDC PREA Annual Report* and the *2022 GDC PREA Annual Report* in the PAQ. The reports show the agency's aggregated annual sexual abuse and sexual harassment incident data from calendar years 2022 and 2023. The reports show the agency's annual sexual abuse and sexual harassment incident data from calendar years 2022 and 2023. The PREA coordinator identifies problem areas, states corrective action taken, and includes this information in the agency's annual report, as required.

The auditor was provided written responses to the PREA interview questions for the Agency Head. The Agency Head stated, "At minimum, the PREA Coordinator submits a monthly data report to the OPS Director. Each month, the Director meets with the Commissioner and all Executive Staff to brief them on the PREA data provided. 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 on an on-going basis.

Reports containing an imminent risk to an offender's safety, are reported immediately to Executive Leadership." The auditor was provided written responses to the PREA interview questions from the PREA Coordinator. In those responses, the PREA Coordinator stated, "The GDC PREA Analyst collects, reviews, and creates reports based on data trends compiled electronically and through policy 208.06 attachments. Based on the analyzed data, corrective actions are taken when required." Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.288(b). The facility provided the auditor with a copy of the *2023 GDC PREA Annual Report* and the *2022 GDC PREA Annual Report* in the PAQ. The reports show the agency's aggregated annual sexual abuse and sexual harassment incident data from calendar years 2022 and 2023. The reports show the agency's annual sexual abuse and sexual harassment incident data from calendar years 2022 and 2023 and compared it to the data from the previous calendar year. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.288(c). The facility provided the auditor with a copy of the *2023 GDC PREA Annual Report* in the PAQ. The report shows the agency's annual sexual abuse and sexual harassment incident data from calendar year 2023. The report was signed by the agency head, the Chief Executive Officer.

The auditor reviewed the agency's website and located the signed annual report,

	<p>posted on the webpage dedicated to PREA information for the public: PREA Annual Reports Georgia Department of Corrections. The auditor was provided written responses to the PREA interview questions for the Agency Head. The Agency Head confirmed he reviews the annual report and signs and approves the report once it is completed. The report is then posted to the agency website as required. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.288(d). The facility provided the auditor with a copy of the <i>2023 GDC PREA Annual Report</i> in the PAQ. There are no redactions of data on the 2023 report.</p> <p>The auditor was provided written responses to the PREA interview questions from the PREA Coordinator. In those responses, the PREA Coordinator stated there is a requirement to redact personal data from the annual report, however, the report is routinely prepared without personal data to avoid the need to add redactions to the report. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Georgia Department of Corrections Website 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.289(a). Although not clearly stated in the agency’s PREA policy, the facility provided a photo of the filing cabinet in the facility’s PREA Compliance Manager’s office. The investigation files are kept secure in this locked cabinet inside the Compliance Manager's secure office.</p> <p>The auditor was provided written responses to the PREA interview questions from the PREA Coordinator. In those responses, the PREA Coordinator confirmed the sexual abuse data and files are securely stored in the PREA Compliance Manager’s office at each facility. The data at the State level is stored electronically on our server and maintained by the PREA Analyst. The data is maintained for at least ten (10) years as required under this standard. Based upon this analysis, the auditor finds the facility in compliance with this provision.</p>

115.289(b). The auditor reviewed the agency’s website and located the signed annual report, posted on the webpage dedicated to PREA information for the public: **PREA Annual Reports | Georgia Department of Corrections**. The website includes posted annual reports from 2014 to 2023. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.289(c). The auditor was provided written responses to the PREA interview questions from the PREA Coordinator. In those responses, the PREA Coordinator stated there is a requirement to redact personal data from the annual report, however, the report is routinely prepared without personal data to avoid the need to add redactions to the report. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.289(d). Although not clearly stated in the agency’s PREA policy, the facility provided a photo of the filing cabinet in the facility’s PREA Compliance Manager’s office. The investigation files are kept secure in this locked cabinet inside the Compliance Manager's secure office.

The auditor was provided written responses to the PREA interview questions from the PREA Coordinator. In those responses, the PREA Coordinator confirmed the sexual abuse data and files are securely stored in the PREA Compliance Manager’s office at each facility. The data at the State level is stored electronically on our server and maintained by the PREA Analyst. The data is maintained for at least ten (10) years as required under this standard. Based upon this analysis, the auditor finds the facility in compliance with this provision.

115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Agency website 2. Interviews: <ol style="list-style-type: none"> 1. PREA coordinator <p>Findings (by provision):</p> <p>115.401(a). This was the fourth PREA audit completed by the Bacon TC. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(b). This is the third year of the fourth PREA audit cycle. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>

	<p>115.401(h). During the onsite phase of the audit, the auditor was given the opportunity to complete a full site review. This included full access to all areas of the institution, so the auditor could assess all operations and talk with staff and residents. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(i). During the onsite phase of the audit, the auditor was provided with all documentation requested to properly review and verify all operations related to the PREA standards. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(m). During the onsite phase of the audit, the auditor requested to interview a total of 31 residents. The institution provided a private room for the auditor to meet with each resident for the interview, without interruption. The auditor was able to interview more than the required minimum number of residents. Based on this analysis, the auditor finds the facility in compliance with this provision.</p> <p>115.401(n). The institution posted the required audit notice throughout the housing areas, on colored paper, printed in two languages. The notices were also seen in public areas throughout the facility, including the entrance area where visitors might enter and all staff areas. The audit notice included the auditor’s contact information and explained the process to send confidential information or correspondence. Based on this analysis, the auditor finds the facility in compliance with this provision.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Documents: (<i>Policies, directives, forms, files, records, etc.</i>) <ol style="list-style-type: none"> 1. Agency website 2. Interviews: <ol style="list-style-type: none"> 1. None <p>Findings (by provision):</p> <p>115.403(f). The Georgia Department of Corrections posted all PREA audit reports to their website at: PREA Audit Reports Georgia Department of Corrections. Since they routinely post all PREA audit reports and make them available to the public as required, the auditor has no reason to believe they would not do the same with this audit report. Based on this analysis, the auditor finds the facility in compliance with</p>

	this provision.
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Appendix: Provision Findings		
115.211 (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
115.211 (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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and 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 residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (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 residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	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
115.213 (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? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (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 residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents 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?	yes
	Does the facility have procedures that enable residents to shower,	yes

	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?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, 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
115.215 (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 residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents 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: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents 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: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents 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 residents 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 with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents 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 residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents 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 residents 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
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents 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 residents 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 may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents 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 the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (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 residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, 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
115.217 (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 residents?	yes
115.217 (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 residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(f)		
	Does the agency ask all applicants and employees who may have contact with residents 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 residents 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
115.217 (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
115.217 (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
115.218 (a)	Upgrades to facilities and technology	
	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 residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.218 (b)	Upgrades to facilities and technology	
	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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (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
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (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
115.221 (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?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (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
115.221 (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
115.221 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (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
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy 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
115.222 (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 conducting criminal investigations. See 115.221(a).)	na
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents 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 residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents 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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents 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 residents)?	yes
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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 criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (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 suspicions 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
115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (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
115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident 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 residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident 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 residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents 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
115.241 (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 information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents 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 § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents 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 residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident'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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(f)		
	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 residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents 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 residents 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 residents, does the agency always refrain from placing: transgender residents 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 residents 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 residents, does the agency always refrain from placing: intersex residents 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 residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents 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 resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (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 resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident 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
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents 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.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	na

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.252 (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 residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident 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.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	na

	of a resident, 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.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident 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.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	na

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, 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
115.253 (c)	Resident 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 residents 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
115.254 (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 a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents 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 abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do 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
115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (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
115.261 (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

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident 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
115.263 (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
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (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
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident 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 a resident 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 a resident 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,	yes

	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?	
	Upon learning of an allegation that a resident 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
115.264 (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
115.265 (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 response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (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 residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents 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 residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents 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: Act promptly to remedy any such retaliation?	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 any resident 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:4. Monitor resident 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 resident 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (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
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	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 115.221(a).)	yes
115.271 (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 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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
115.271 (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
115.271 (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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (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
115.271 (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
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (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 facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (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
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident'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 posted within the resident's unit?	yes
	Following a resident'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 a resident'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 a resident'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
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, 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 a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (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
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (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
115.276 (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
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	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
115.277 (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 residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.278 (d)	Disciplinary sanctions for residents	
	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 resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident 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
115.282 (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 § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (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
115.283 (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 residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (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
115.283 (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
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident 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 residents 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
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	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 residents 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.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (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

115.286 (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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (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
115.287 (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 residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (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
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (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
115.288 (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
115.288 (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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	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