

PREA Facility Audit Report: Final

Name of Facility: Baldwin State Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 06/13/2024

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: Darla P. O'Connor	Date of Signature: 06/13/2024

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	04/16/2024
End Date of On-Site Audit:	04/19/2024

FACILITY INFORMATION	
Facility name:	Baldwin State Prison
Facility physical address:	140 Laying Farm Road, Hardwick, Georgia - 31034
Facility mailing address:	

Primary Contact

Name:	Jeffrey Farmer
Email Address:	jeffrey.farmer@gdc.ga.gov
Telephone Number:	4786639238

Warden/Jail Administrator/Sheriff/Director	
Name:	Walter Berry
Email Address:	walter.berry@gdc.ga.gov
Telephone Number:	4784455220

Facility PREA Compliance Manager	
Name:	Jeffery Farmer
Email Address:	jeffrey.farmer@gdc.ga.gov
Telephone Number:	O: 478-445-6160

Facility Health Service Administrator On-site	
Name:	Donna Drago
Email Address:	ddrago@wellpath.us
Telephone Number:	4784455089

Facility Characteristics	
Designed facility capacity:	757
Current population of facility:	648
Average daily population for the past 12 months:	648
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/inmate custody levels:	minimum, medium, close
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	116
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	39
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	6

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

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

Agency-Wide PREA Coordinator Information

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

Summary of Audit Findings

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

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

Number of standards exceeded:

4

- 115.13 - Supervision and monitoring
- 115.33 - Inmate education
- 115.41 - Screening for risk of victimization and abusiveness
- 115.51 - Inmate reporting

Number of standards met:

41

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:	2024-04-16
2. End date of the onsite portion of the audit:	2024-04-19

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:	<p>Just Detention International was contacted and responded a review of our database indicates that we have not received any information regarding Baldwin State Prison in the past 12 months.</p> <p>Satilla Advocacy Services was contacted and they confirmed they provide SANE nurses for the facility who come to the facility to conduct forensic examinations.</p> <p>The Bright House was contacted and they confirmed they offer advocacy services to the victims of sexual abuse in the facility.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	757
15. Average daily population for the past 12 months:	648

16. Number of inmate/resident/detainee housing units:	6
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:	657
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:	2
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:	18
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:	4
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:	7

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:	1
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:	4
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:	6
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:	1
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:	0
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:	0

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):

The facility population day one of the on-site audit was 657. According to the PREA Auditor Handbook this requires a minimum of fifteen targeted inmate interviews.

The Auditor interviewed fifteen targeted inmates. One inmate was physically disabled; One inmate was cognitively disabled; One inmate was visually impaired; one inmate was hearing impaired; one inmate was LEP; three inmates were gay or bisexual; five inmates were transgender or intersex; one inmate had reported sexual abuse; one inmate had disclosed victimization.

Physically Disabled (1)

The physically disabled inmate was mobility impaired. The inmate reported feeling safe and did not feel at a disadvantage due to the physical disability.

Cognitively Disabled (1)

The inmate with a cognitive disability indicated they had a clear understanding of the PREA guidelines and was able to explain his rights and articulate multiple methods by which he could report an issue if necessary.

Vision Impaired (1)

The visually impaired inmates agreed they did not believe their impairment placed them at risk.

Hearing Impaired (1)

The hearing-impaired inmates agreed they were able to function without assistance from staff.

Limited English Proficient (1)

The LEP inmate confirmed receiving PREA information and facility rules in English and Spanish. Further indicated language was not a barrier in programming or work assignment, as his English was improving.

Gay or Bisexual (3)

The gay and bisexual inmates reported being treated fairly and not being housed in a dedicated LGBTI unit. The reported staff being fair in housing assignments; programming and educational placements. They reported they did not have any problems or concerns with the staff.

Transgender or Intersex (5)

The inmates reported being treated fairly. They reported they had not been housed in a dedicated transgender unit. They reported medical was taking care of them and adequately monitoring their hormone treatments. They indicated they were allowed to shower in private.

Reported Abuse (1)

The inmate felt the allegation was taken seriously. The inmate was interviewed timely. The case was closed and the inmate had received notification of the result of the investigation.

Disclosed Prior Victimization (1)

The inmate was offered a mental health referral after disclosure. The inmate declined the referral stating the victimization had happened a long time ago.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

<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>116</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>6</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>39</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>The facility reports 6 volunteers approved to enter the facility and have contact with inmates. These volunteers are provided specific PREA training as it relates to volunteers, in addition to the CDOC specific PREA training.</p> <p>The facility reports 39 contractors approved to enter the facility and have contact with inmates. These contractors are provided specific PREA training as it relates to volunteers, in addition to the CDOC specific PREA training.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>15</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</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>

55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The institutional count the first day of the on-site audit was 657. According to the PREA Auditor Handbook this requires a minimum of 30 inmates (15 random and 15 targeted) to be interviewed. Twenty random inmates were interviewed.</p> <p>The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates from varying housing units to interview, ensuring diversity in age and race.</p>
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):

The institutional count the first day of the on-site audit was 657. According to the Auditor Handbook with a population of 657, the auditor shall interview a minimum of 15 random inmates and 15 targeted inmates. Fifteen random inmates were interviewed. These were inmates that were not part of the targeted inmate interviews. The Auditor used the alphabetical housing unit rosters of inmates to randomly select inmates from various age groups, ethnicities, and races. The Auditor randomly chose inmates to interview, ensuring diversity in age, race, and length of sentence.

During the on-site tour, the Auditor had several conversational encounters with inmates regarding sexual safety, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process.

At the beginning of each interview the Auditor made clear to the inmate why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the inmate's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked if the inmate wanted to participate and if so, could she ask a few questions. The Auditor would then ask the protocol questions.

All random inmates willingly participated in the interview process. All responses were recorded by hand.

During the random interviews, no PREA issues were revealed, no other interview protocols were accessed. All random inmates responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could report anonymously, they knew they had a right to be free from retaliation.

Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	15
<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:	1
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:	1
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:	1
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:	1

<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>1</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>2</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>5</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>1</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>1</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 facility reported zero inmates in this category. Further they reported zero inmates in this category for the past 12 months. Staff working the Segregation Unit reported they could not recall any inmates being placed on the unit for risk of sexual victimization. At the time of the facility tour zero inmates were on the unit for risk of sexual victimization.</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 requested and received a roster of inmates who fell into the targeted categories. The Auditor randomly chose inmates from each category to interview, ensuring diversity in age and race. Once selected each inmate was put on "call- out" with a time to report to the private space designated for interviews.</p> <p>The Auditor interviewed fifteen targeted inmates. One inmate was physically disabled; One inmate was cognitively disabled; One inmate was visually impaired; one inmate was hearing impaired; one inmate was LEP; three inmates were gay or bisexual; five inmates were transgender or intersex; one inmate had reported sexual abuse; one inmate had disclosed victimization.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>15</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>During the on-site tour, the Auditor had informal, conversational encounters with staff regarding sexual safety, including education, reporting, communication, responses, etc. This information was used to supplement the overall audit information gathering process. A total of fifteen formal random staff interviews were conducted.</p> <p>As a result of the audit notice posting the Auditor did not receive any correspondence from staff.</p> <p>At the beginning of each interview the Auditor made clear to the staff why she was at the facility, what her role was in the PREA process and explained why interviews were needed. The Auditor also discussed the staff's participation as voluntary and while helpful, was not required or mandated in any way. The Auditor then asked the staff member if he/she wanted to participate and if so, could she ask a few questions. The Auditor would then ask the protocol questions. All random staff willingly participated in the interview process. All responses were typed directly onto the protocol form. During the random interviews, no PREA issues were revealed, no other interview protocols were accessed. All random staff responded they were aware of the zero-tolerance policy, they knew how to report an incident, they felt they could accept verbal reports, they knew they had a right to be free from retaliation, and they felt the leadership took PREA issues very seriously.</p> <p>Regarding personal safety, the staff member interviewed stated they felt safe from sexual harassment and sexual abuse.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>21</p>

76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> 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 checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Classification Staff and Mailroom Staff
81. Did you interview VOLUNTEERS 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 VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
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:	1
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 checked="" type="checkbox"/> Education/programming <input 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.

There were no problems in selecting specialized staff. Specialized staff were selected from the staff roster, who were available during the on-site audit who were also not a staff member interviewed as a random staff member.

Using the list of specialized staff provided, the Auditor was able to select individuals for interviews. All specialized staff provided answers were based on the line of questioning on the specific interview protocols for their position and responsibilities. There were eighteen individuals interviewed using twenty-one protocols.

During interviews with specialized staff, the Auditor learned PREA investigations can be initiated in several ways: "confidential" letters can be mailed out of the facility, contacting the Office of Inspector General, calls to the PREA Ombudsman, written notes given to trusted staff, verbal reports, or through third party reporting. Additionally, any inmate or staff member may write a note, letter or any other type of correspondence and place it in any locked correspondence box located throughout the facility. When PREA correspondence is found inside the grievance box, the mailbox, the box for legal mail, etc. it is immediately directed to the PCM and is documented and addressed according to PREA Standards.

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?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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).

Baldwin State Prison is large male facility located in Milledgeville, Georgia with a Hardwick, Georgia postal address. The facility has a capacity of 757. The facility opened in 1976. It is a medium security facility, housing male inmates. Baldwin State Prison is physically located at 140 Laying Farm Road, Milledgeville, Georgia.

Baldwin State Prison has 19 buildings.

BUILDING A houses the medical clinic, infirmary, crisis stabilization unit, and administrative area.

- **MEDICAL CLINIC** - In the medical clinic medical services are provided 24 hours / 7 days a week. These services include 24-hour nursing care, emergency room service, infirmary care, dental care, Optometry, Labs, MRI, CT Scans, Labs, Tele-Medicine, Tele-Psychiatry, psychiatric services, and physical therapy. There are a total of 17 office areas assigned to the medical personnel. There are eleven mirrors mounted in the hallways of the office areas to assist with blind spots. Staff were issued panic alarms in addition to building panic buttons located in each office. Security Staff makes frequent documented rounds at least every 30 minutes.
- **THE INFIRMARY** - There is 1 Nursing station with call lights available in the infirmary. There are 15 hospital beds and 01 negative air flow cell assigned to the Infirmary.
- **CRISIS STABILIZATION UNIT** - This Unit offers supportive mental health treatment from a mental health treatment team. The treatment team offers therapeutic sessions and evaluations daily to offenders assigned. This is a security post which is to be staffed 24 hours 7 days a week by security staff and by mental health nursing staff. Security staff assigned to this post are required to

make frequent checks not to exceed 15-minute intervals along with monitoring of cameras assigned to each cell as offenders assigned to each cell are undergoing some form of mental health crisis. There are 7 Crisis Stabilization Unit (CSU) beds assigned to CSU. Offenders housed here may be sleepers from other institutions as it serves as a mental health catchment for several facilities. There is 01 nursing station assigned to CSU. Each CSU has a call light for distress.

- **ADMINISTRATIVE AREA** - The administrative area consists of 19 offices, 1 Conference Room, nineteen (19) offices utilized Monday through Friday 8:00am until 4:30pm. Two (2) offenders are utilized as needed for janitorial duties and are under constant supervision.

BUILDING B is a multipurpose area. It houses Main Control, Visitation for Segregation, Staff Barbershop, and CERT Office.

BUILDING C houses a multipurpose area. This area is used for Visitation (General Population Offenders), Programs, Chaplain Office and Church Services, Four Mental Health Counselor Offices, One Unit Manger Office, Inmate Barbershop and Offender Commissary. Offenders are utilized in this area under constant supervision.

BUILDING D is primarily used for education with some office space. D Building operation hours are Monday through Friday 6:30am until 4:30pm and 6:30pm until 8:30pm for night education classes.

- Classes and groups are conducted in this area such as GED, Adult Basic Education, Literacy Remedial Reading, Reentry, Motivation for Change, MRT, Thinking for a change, SOPP, and the Lifer's Group.
- The General Population Counselor's

offices are located in this area. Mental Health Counselors' offices are also located in this building in addition to the C-Building.

BUILDING E is the dining hall, library and graphic arts area. There are six mirrors mounted throughout to assist with blind spots. Security staff make rounds every 30 minutes.

- **DINING HALL** - Food Services Supervisors oversee the overall operations of food preparation and food services. This area is in operation Monday through Sunday 2:00am until 7:00pm. This area consists of no less than 10 and no more than 20 offenders during normal operations.
- **LIBRARY** - Library operation is Tuesday through Friday between 07:30am and 3:30pm. This area may consist of at least fifteen offenders during normal operations.
- **GRAPHIC ARTS** - Graphic Arts operations are between 7:30am and 3:30pm Monday through Thursday. This area may consist of twenty-two offenders during normal operations.

BUILDING F houses intake area/count room, laundry, sanitation.

- **INTAKE AREA/COUNT ROOM** - The Intake /Count Room area is used to process, educate, and acclimate newly arriving offenders and offenders for awaiting or returning court to the facility and its operation. This area hours of operation are Monday through Friday 6:00am until 3:30pm. Offenders utilized in this area will be no less than 2 and no more than 4 as assigned per classification and work under constant supervision of security staff.
- **LAUNDRY** - Laundry Unit is in

operation Monday through Friday 6:00am until 3:30pm. Offenders are utilized in this area with no less than 2 and no more than 4 as assigned per classification and works under constant supervision of security

- **SANITATION** - The sanitation area is in operation Monday through Friday 6:00am until 3:30pm. Offenders are utilized in this area with no less than 2 and no more than 4 as assigned per classification and work under constant supervision of security staff.

BUILDING G This building houses 96 offenders in a combination of 24 double bunks in two-man cells. The cells are wet cells, which have a toilet and a sink inside the cell. The shower is outside the cell and are single stall showers with enough privacy to prohibit opposite sex staff from seeing inside the shower. Telephones are located inside each unit. Each phone tested by the auditor was found to be in working order. The unit also has a KIOSK which allows the inmates to send emails to the PREA Unit and to email family and friends on the approved visitors list.

BUILDING H - This building is a Supportive Living Unit (SLU) for Mental Health Level III offenders. The SLU offers increased support services and access to a Multi-Function Officer who makes frequent visits to the housing unit. This building houses a total of 96 offenders in a combination of 24 double bunks in two-man cells. The cells are wet cells, which have a toilet and a sink inside the cell. The showers are outside the cell and are single stall showers with enough privacy to prohibit opposite sex staff from seeing inside the shower. There are two showers on each tier for a total of four showers. Telephones are located inside each unit. Each phone tested by the auditor was found to be in working order. The unit also has a KIOSK which allows the inmates to send emails to the PREA Unit and to email family and friends on the approved visitors list.

BUILDING I - This building houses a total of 96 offenders in a combination of 24 double bunks in two-man cells. The cells are wet cells, which have a toilet and a sink inside the cell. The shower is outside the cell and are single stall showers with enough privacy to prohibit opposite sex staff from seeing inside the shower. There are four total showers, two on each tier. Telephones are located inside each unit. Each phone tested by the auditor was found to be in working order. The unit also has a KIOSK which allows the inmates to send emails to the PREA Unit and to email family and friends on the approved visitors list.

BUILDING J - This building is a Supportive Living Unit (SLU) for Mental Health Level III offenders. The SLU offers increased support services and access to a Multi-Function Officer who makes frequent visits to the housing unit. This building houses a total of 96 offenders in a combination of 24 double bunks in two-man cells. The cells are wet cells, which have a toilet and a sink inside the cell. The showers are outside the cell and are single stall shower with enough privacy to prohibit opposite sex staff from seeing inside the shower. There are two showers on each tier for a total of four showers. Telephones are located inside each unit. Each phone tested by the auditor was found to be in working order. The unit also has a KIOSK which allows the inmates to send emails to the PREA Unit and to email family and friends on the approved visitors list.

BUILDING K - This building is a housing unit divided into four pods K2, K2, K3, K4. All housing is in cells. Single man or two-man cells. The cells are wet cells, which have a toilet and a sink inside the cell. The showers are outside the cell and are single stall shower with enough privacy to prohibit opposite sex staff from seeing inside the shower. There are two showers on each tier for a total of four showers. K1 is an Isolation/Segregation Unit, which houses thirty-three inmates.

K2 is the Acute Crisis Unit/Segregation/ Supportive Living Unit, which houses thirty-four inmates. The bottom range of this unit is composed of the ACU which offers support from a mental health treatment team for offenders who are experiencing a mental health crisis. A SLU is also located on the bottom range of this unit. The SLU offers increased support services and access to a Multi-Function Officer who makes frequent visits to the housing unit.

K3 is an Isolation/Segregation Unit, which houses fifty inmates.

K4 is a general population housing unit, which houses forty-eight inmates in two-man cells. Telephones are located inside each unit. Each phone tested by the auditor was found to be in working order. The unit also has a KIOSK which allows the inmates to send emails to the PREA Unit and to email family and friends on the approved visitors list.

BUILDING L - This building houses offenders assigned to outside details. L-Building can house a total of 224 offenders divided into four open-bay dorms holding 56 offenders each. The bathrooms are set off from the dormitory and have six single stall showers with privacy curtains, seven toilets with privacy half walls separating them and four sinks. The dorm has a day room with a television, tables, and seating. Telephones are located inside the day room. Each phone tested by the auditor was found to be in working order. The day room also has a KIOSK which allows the inmates to send emails to the PREA Unit and to email family and friends on the approved visitors list.

BUILDING M - This building houses a total of 224 offenders divided into four open-bay dorms holding 56 offenders each. The bathrooms are set off from the dormitory and have six single stall showers with privacy curtains, seven toilets with privacy half walls separating them and four sinks. The dorm has a day room with a television, tables, and seating. Telephones are located inside the day room. Each phone tested by the auditor was

found to be in working order. The day room also has a KIOSK which allows the inmates to send emails to the PREA Unit and to email family and friends on the approved visitors list.

GYM - The recreation supervisors utilize this area Monday through Friday 6:30am until 3:30pm. Offenders utilized in this area are under constant supervision of security staff.

WAREHOUSE SUPPLY - This area operates Monday through Friday 6:30am until 5:00pm. Offenders utilized in this area are under constant supervision of security staff.

BACK GATE - This area operated Monday through Thursday 6:30am until 5:00pm. One Priority non gender specific post Friday from 6:40am until 3:30pm. Offenders utilized in this area are under constant supervision of security staff.

ARMORY/HOT TOOL ROOM - This is a highly restricted area used for the storage and control of facility weapons ammunition, chemical munitions, and tools which could be used to aide an offender to escape custody. Offender access is prohibited. Requires daily checks by Officer in Command on each shift.

MAINTENANCE SHOP/TOOL CONTROL - General Trade's staff are assigned Monday through Thursday 7:00am until 3:30pm. The maintenance detail works throughout the institution and is under constant supervision by the General Trades staff members.

KEY CONTROL OFFICE - This is a highly restricted area used for the safe keeping of the facility Master Key Inventory and Back-up board. Access authorized by Warden or designee. Offender access is prohibited.

MAILROOM - This is a highly restricted area used for the processing facility and offender mail. Hours of Operation are Monday through Thursday 6:45am until 15:30pm. Offender access is prohibited.

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.

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?

Yes

No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Personnel and Training Files:

The PAQ represents 116 facility staff. There was a total of thirty-seven record reviews conducted on staff from various categories. The records were selected by randomly choosing names from the master staff roster. There were 116 training attendance and signatures reviewed.

All records contained the required documentation, i.e., initial criminal history check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal history check, when applicable.

Inmate Records:

The first day of the audit there were 657 inmates, There were fifty inmate records reviewed, chosen randomly from the master roster. All records had a signed acknowledgment sheet, had received PREA information and viewed the PREA video. All inmates had received PREA information during intake, had their PREA screening within 24 hours of admission, and had comprehensive PREA education within 30-days of intake. Finally, they were reassessed within thirty days of their initial 72-hour assessment. The transgender inmates reported being re-assessed twice a year as required by PREA standards.

Sexual Abuse and Sexual Harassment Allegations:

According to the PAQ, the facility reported thirty-two allegations of sexual abuse and twenty sexual harassment allegations in the past twelve months. Twenty-five PREA investigative files were reviewed. The files were reviewed using the PREA audit investigative records review tool to record the following information relative to each investigative report:

- Case# / ID
- Date of Allegation
- Date of Investigation
- Staff-or-Inmate-on-Inmate
- Sexual Abuse or Sexual Harassment

- Final Disposition
- Is Disposition Justified?
- Investigating Officers
- Notice Given to Inmate

Investigation Files:

At the time of the audit, information received regarding the allegations of sexual abuse and sexual harassment during the prior twelve months revealed a total of fifty-two allegations reported.

At the time of the audit, information received regarding the allegations of sexual abuse during the past twelve months revealed a total of thirty-two sexual abuse allegations reported.

Twenty-five of the sexual abuse allegations were inmate-on-inmate. All twenty-five allegations were investigated administratively. After administrative investigation, seven were deemed unfounded; seventeen were deemed unsubstantiated; and one was deemed substantiated. All inmates were notified of the investigation outcomes in writing and the cases were closed on an administrative level. With the exception of the unfounded allegations, sexual abuse incident reviews were conducted on all cases within 30 days of the closing of the investigation. All twenty-five of these allegations were referred for review and criminal investigation. After review, one case was opened, and referred for prosecution. At the time of the on-site audit this one criminal case had not been resolved. The remaining seven sexual abuse allegations were staff-on-inmate. These allegation was investigated administratively. After administrative investigation, one was deemed unfounded and seven were deemed unsubstantiated. All inmates were notified of the investigation outcomes in writing and the cases were closed on an administrative level. With the exception of the unfounded allegation, sexual abuse incident reviews were conducted on all cases within 30 days of the closing of the investigation. All seven allegations were referred for review and

criminal investigation. After review, zero cases was opened, and prosecution was declined on all allegations.

At the time of the audit, information received regarding the allegations of sexual harassment during the past twelve months revealed a total of twenty sexual harassment allegations reported. Eleven sexual harassment allegations were inmate-on-inmate. They were investigated administratively. After investigation two were deemed unfounded, eight were deemed unsubstantiated; and one was deemed substantiated. The cases were closed on an administrative level and the eleven inmates were notified of the investigative results. The substantiated allegation was referred for review and criminal investigation. After review, no case was opened, and prosecution was declined on the allegation.

The remaining nine were a staff-on-inmate sexual harassment allegation. These allegations were investigated administratively. After investigation one was deemed unfounded, seven were deemed unsubstantiated and one was deemed substantiated. The inmates were notified of the investigation findings and these cases were closed on an administrative level. The substantiated allegation was referred for review and criminal investigation. After review, no case was opened, and prosecution was declined on the allegation.

The Auditor reviewed twenty-five files of sexual abuse allegations and 10 files of sexual harassment allegations. In all sexual abuse cases the alleged victim was offered medical and mental health services. Due to time frames of reporting, seventeen were referred for a SANE examination. All sexual abuse cases, except the those deemed to be "unfounded" had a sexual abuse incident team review within 30-days of the completion of the investigation. Sexual harassment cases do not require a sexual abuse incident team review. All inmates were notified in writing of the results of the investigation in a timely

manner.

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	25	0	0	25
Staff-on-inmate sexual abuse	7	0	0	7
Total	32	0	0	32

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	11	0	11	0
Staff-on-inmate sexual harassment	9	0	0	9
Total	20	0	11	9

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	1	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	1	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	7	17	1
Staff-on-inmate sexual abuse	0	1	6	0
Total	0	8	23	1

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	9	1
Staff-on-inmate sexual harassment	0	1	7	1
Total	0	2	16	2

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:	18
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<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>11</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>7</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>7</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>3</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal 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)
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.	<p>The Auditor reviewed twenty-five PREA allegation file for the previous 12 months. There were thirty-two sexual abuse allegations in the past 12 months. There were twenty sexual harassment allegations in the past 12 months.</p> <p>The Auditor review every staff-on-inmate sexual abuse allegation/investigation record. The Auditor reviewed every substantiated allegation/investigation record.</p>
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

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>Diversified Correctional 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>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>PREA Coordinator (PC)</u></p> <p>Through the interview process, the agency PREA Coordinator (PC) acknowledged having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all agency facilities.</p> <p>Through the interview process, the agency PC confirmed the PCM has no other responsibilities other than to ensure the institution’s compliance with the PREA</p>

standards and has the authority to make any changes needed to address PREA issues.

PREA Compliance Manager (PCM)

Through the interview process, the PCM acknowledged there was sufficient time to complete the required PREA responsibilities.

Provision (a)

The Pre-Audit Questionnaire (PAQ) indicates the facility has zero-tolerance as it relates to all forms of sexual abuse or sexual harassment in the institution, as well as any contracts over which it has control. The PAQ states the policy outlines how the facility will implement prevention, detection and response to sexual abuse and sexual harassment. It further asserts the policy includes clear definitions of prohibited behaviors and approved sanctions for participation in those behaviors.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 1-39, outlines the Georgia Department of Corrections (GDC) approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p.1, I, A, states the Georgia Department of Corrections (GDC) has a zero-tolerance policy toward all forms of Sexual Abuse, Sexual Harassment, and sexual activity among offenders.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 4, L to p. 6, N, address the definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 33-34, H, 1, a-d outlines disciplinary sanctions for staff members as:

- a. 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.
- b. 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.

- c. 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 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).
- d. OPS shall refer to all substantiated cases of offender-to-offender Sexual Abuse and staff-to-offender Sexual Abuse for criminal prosecution.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 7-8, IV, A, 1, a-d, states:

1. 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 Warden/Superintendent at each institution must ensure that all aspects of this policy are implemented. Each facility shall have an assigned PREA Compliance Manager, who has sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.

The Warden/Superintendent shall maintain a current written Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan to provide instruction for responses to sexual allegations. This Local Procedure Directive shall reflect that institution's unique characteristics and specify how that institution will respond to sexual allegations and the notification procedures to be followed for reports of sexual allegations. At a minimum it will include:

- a. Specification of staff member(s) responsibilities from the first report of an allegation through the conclusion of an investigation.
- b. Responding to the victim and ensuring evidence retention.
- c. Monitoring the offender perpetrator to ensure safety of others and evidence retention.
- d. Ensuring safe housing, medical and mental health care, forensic exam, victim services for the victim, and commencing an investigation.

Provision (b)

The PAQ indicates the PREA Coordinator's position within the agency's hierarchy is within the Office or Professional Standards (OPS), Compliance Unit.

GDC has an agency-wide PREA Coordinator (PC). According to the agency's organizational chart, the Auditor determined that the position of PREA Coordinator is at the upper level of the agency hierarchy. As stated previously, through the interview process. the PC confirmed having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities. The

	<p>PREA Coordinator reports to the Commissioner of Corrections.</p> <p>The positions and hierarchy within the Georgia Department of Corrections (GDC) for PREA personnel were confirmed through a review of the agency organizational chart. The position of the PREA Coordinator is in the Office of Professional Standards (OPS), Compliance Unit. The positions and hierarchy within the Correctional Institution for PREA personnel was confirmed through a review of the facility PREA organization chart.</p> <p>The PREA Coordinator (PC) is classified at the Executive Level as confirmed through a review of GDC organizational chart. According to the organization chart, the PC reports directly to the reports to the Commissioner of Corrections.</p> <p>The PC is a full-time position dedicated solely to PREA compliance. The PC has sufficient time to manage PREA related responsibilities. Each institution within the agency has one PREA Compliance Manager (PCM). In all PREA matters the PCM reports directly to the PREA Coordinator. At the facility, the PCM reports to the Warden/Superintendent.</p> <p><u>Provision (c)</u></p> <p>The PAQ indicates in all PREA matters the PCM reports directly to the PREA Coordinator. At the facility the PCM reports to the Warden/Superintendent.</p> <p>According to Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 7-8, A, 1, indicates each institution assigns their own PREA Compliance manager at the direction of the warden.</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses zero tolerance of sexual abuse and sexual harassment: PREA coordinator.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documentation Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually

Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

Agency Contract Administrator Interview

The interview notes of the Agency Contract Administrator indicate contracts include verbiage related to the vendors obligation to comply with PREA standards prior to entering into agreement with the agency. If the entity is not PREA compliant the contract will not be executed.

Provision (a)

Pre-Audit Questionnaire (PAQ) revealed the Georgia Department of Corrections (GDC) requires all entities who contract with them for the confinement of inmates to adopt and adhere to PREA standards. All agency contracts for confinement of inmates contain PREA specific language, expectations, and requirements. The facility does not individually contract for the confinement of inmates.

According to the PAQ the GDC has twenty-six contracts for the confinement of inmates that the agency entered in the previous twelve months. Additionally the PAQ reveals all of the twenty-six contracts require the contractor to adopt and comply with PREA standards.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, addresses Standard 115.12. It indicates any new contract or renewal with entities for the confinement of offenders shall adopt and comply with GDC policies and procedures (which include PREA).

The PREA compliance results for the contracts for confinement of inmates with other entities are managed by the contract manager in accordance with the verbiage of the contract that is in place with each entity.

Provision (b)

According to the PAQ, there are zero contracts referenced in 115.12 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards.

According to the Agency Contract Administrator, the policies and procedures of each contractor are reviewed to ensure appropriate adherence to the national standards. Each entity is contractually required to notify the GDC of any PREA allegation; as well as forward a copy of the allegation, investigation, and findings to the agency PREA Coordinator for review.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses contracting with other entities for the confinement of inmates.

115.13	Supervision and monitoring
	<p data-bbox="256 188 991 221">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 600 378"><u>Documents Reviewed</u></p> <ul data-bbox="331 445 1437 685" style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Facility Staffing Plan, approved February 9, 2024 <p data-bbox="256 730 592 763"><u>On-site Observations</u></p> <p data-bbox="256 797 1402 875">The Auditor randomly reviewed unit logbooks and determined that unannounced rounds are being made and documented as required by standard.</p> <p data-bbox="256 909 544 943"><u>Warden Interview</u></p> <p data-bbox="256 976 1469 1357">Through the interview process the Warden acknowledged examining how staffing levels affect inmate programming, various classification amounts, as well as any changes or modifications to the video monitoring. The Warden also acknowledged being cognizant of other concerns which include physical plant configuration, internal or external oversight bodies, inmate population composition, placement of supervisory staff, line-staff needs and any prevalence of substantiated or unsubstantiated incidents of sexual abuse. Additionally, the Warden indicated during meetings with staff, staffing plan compliance and any deviations from the staffing plan are frequently discussed.</p> <p data-bbox="256 1391 791 1424"><u>PREA Compliance Manager (PCM)</u></p> <p data-bbox="256 1458 1477 1581">During the interview process the PCM acknowledged routine reviews of staffing levels, how they affect inmate programming, various classification counts, as well as any changes or modification to the video monitoring system are consistently conducted.</p> <p data-bbox="256 1615 1477 1816">During the interview process intermediate or higher-level staff acknowledged making unannounced rounds routinely and documenting them in the unit logbook. During random informal conversations with staff, the staff acknowledged supervisors conduct unannounced rounds and document them in the logbook. This was validated by the Auditor through a review of the several logbooks.</p> <p data-bbox="256 1850 1094 1883"><u>Intermediate-or-Higher Level Facility Staff Interview</u></p> <p data-bbox="256 1917 1477 2040">There were interviews and informal discussions with intermediate or higher-level staff. Through these interviews and discussions staff acknowledged making unannounced rounds to all areas of the facility, with no warning to staff.</p>

Random Staff Interviews

Through the interview process, random staff indicated supervisors tour their units and areas regularly throughout each shift, converse with staff of all levels as well as inmates, and audit, review and sign logbooks. During the time, the Auditor was on-site; supervisors were observed walking and working in various capacities throughout the facility.

During the interview process, random staff acknowledged the prohibition of staff alerting each other when a supervisor is making their rounds.

Random Inmate Interviews

During the interview process inmates confirmed the PCM, and other supervisory staff routinely walk around and through the institution and are visible and available to all inmates.

Provision (a)

The PAQ indicates the facility has a staffing plan and the plan addresses each of the thirteen items listed in Provision (a). In addition, the facility Staffing Plan indicates it is the policy of the facility to ensure that all relieved posts are staffed at the times specified. The PAQ confirms the average daily number of inmates during the past 12 months has been 782.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 8, 3, indicates 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 all 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 adjust, as necessary, to the facility staffing plan. Completed plans will be forwarded to the PREA Coordinator for review and approval.

The Auditor reviewed the facility staffing plan and found it to be exceptional. It covers everything required by the standard. Additionally it documents the use of each building/department, camera coverage, the capacity and type of housing population of housing units, the hours the building/department is open (if it is not 24/hours a day), if inmates are allowed in the building/department and under what conditions, etc.

The Auditor reviewed copies of the most recent annual PREA staffing report. The report was comprehensive and addressed each of the bullet items required according

to Provision (a). On an annual basis, quality assurance audits are conducted to ensure compliance with the established staffing model. The staffing plan is predicated upon a daily facility inmate population of 782.

Provision (b)

The PAQ indicates there were no staffing deviations in the past twelve months.

The facility has established a minimum staffing requirement. In the event a mandatory post is vacant, the post is filled with overtime staff or staff redirected according to the level of the post.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 9, 2, indicates In all 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 adjust, as necessary, to the facility staffing plan. Completed plans will be forwarded to the PREA Coordinator for review and approval.

Provision (c)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 9, 4, indicates 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.

Policy requires the staffing plan review be completed in consultation with the PC and other executive staff at least annually. The Auditor was provided with a copy of the most recent Annual Staffing Plan Review. This review discussed the staffing plan, video monitoring and the resources needed to adhere to the staffing pattern.

Policy requires an internal audit of the staffing plan to be conducted on an annual basis. This assessment is an extensive review of all areas of the facility to ensure adequate staffing levels exist where inmates may be present. Justification for the need for additional staff or modifications to the facility, to include the deployment of video monitoring equipment, is addressed on an annual basis.

The annual review of the staffing plan includes facility and department management level staff, such as the PCM and other institutional Executive Staff.

The Auditor reviewed shift rosters and was able to verify that an assigned staff member covered every mandatory post.

Provision (d)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 9, 6, indicates intermediate-level or higher-level supervisors must conduct and document unannounced rounds to identify and deter staff Sexual Abuse and Sexual Harassment. Staff are prohibited from alerting other staff members that these supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility. Unannounced rounds by supervisory staff, with the intent of identifying and deterring Sexual Abuse and Sexual Harassment, are required to be conducted every week, including all shifts and all areas. These rounds will be documented in the area logbooks. In addition, the institutional Duty Officer is required to conduct and document unannounced rounds at least once per week in all areas. These rounds will be documented in the local Duty Officer Logbook. Documentation shall include any findings of inadequacy pertaining to the sexual safety of all offenders.

Policy dictates all unannounced rounds are documented in the unit logbook. The logs reflected unannounced rounds are being conducted per the standard. This was confirmed through staff interviews and the review of several unit logbooks.

During the days, the Auditor was on site; numerous supervisors were observed walking and working in various capacities throughout the facility.

Conclusion:

In light of the thorough and comprehensive Staffing Plan Based combined with the review and analysis of the available evidence, the Auditor has determined that the agency/facility exceeds the standard regarding Supervision and Monitoring, ensuring that the safety of staff and inmates is a priority.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>Observations during on-site review</u></p> <p>During the on-site tour, the Auditor did not observe a youthful inmate.</p>

	<p><u>Warden Interview</u></p> <p>Through the interview process, the Warden confirmed the facility does not house youthful inmates.</p> <p><u>PREA Compliance Manager (PCM)</u></p> <p>Through the interview process, the PREA Compliance Manager confirmed the facility does not house youthful inmates.</p> <p><u>Provision (a)</u></p> <p>On the PAQ, the facility reported they do not house youthful inmates. The Auditor reviewed the inmate roster and did not see any inmates who had birthdates after 2006.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 10, 7, a-c, addresses the guidelines of the GDC for facilities that do house youthful offenders.</p> <p><u>Provision (b)</u></p> <p>N/A</p> <p><u>Provision (c)</u></p> <p>N/A</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding youthful inmates.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures

(SOP), Policy Number: 226.01, Search, Security Inspections and Use of Permanent Logs, effective date 5/27/2020

Observations made during on-site review.

During the facility tour, when opposite-gender staff were observed entering a housing unit, the staff member made an announcement. The Auditor was also announced by facility staff when entering inmate housing and restroom areas as she was of opposite gender.

Random Staff Interviews

Through the interview process the staff indicated:

- Having completed training for cross gender searches for exigent circumstances
- Cross-gender strip searches or cross-gender body cavity searches do not occur at this facility.
- There were sufficient male staff members available to conduct any searches that needed to occur, and that male staff would be diverted to address this issue if needed.
- Cross-gender strip searches and cross-gender visual body cavity searches will be documented. The facility only houses male inmates. Female officers do not conduct strip searches or visual body cavity searches.
- Transgender and intersex inmate search practices stated that no searches would ever be permitted for the sole purpose of identifying an inmate's genital status.

Through the interview process the staff indicated:

- Having completed training for cross gender searches for exigent circumstances
- Cross-gender strip searches or cross-gender body cavity searches do not occur at this facility.
- There were sufficient male staff members available to conduct any searches that needed to occur, and that male staff would be diverted to address this issue if needed.
- Cross-gender strip searches and cross-gender visual body cavity searches will be documented. The facility only houses male inmates. Female officers do not conduct strip searches or visual body cavity searches.
- Transgender and intersex inmate search practices stated that no searches would ever be permitted for the sole purpose of identifying an inmate's genital status.
- When staff were specifically asked would transgender or intersex inmates be able to shower privately, the answer was affirmative. When asked how this would be arranged, staff reported all showers throughout the complex are

individual shower stalls and provide privacy for each inmate.

- Each staff member further indicated the transgender or intersex inmate would have the opportunity for input into the decision-making process of alternative shower times and the inmate's input would carry great weight in the decision-making process.

Inmate Interviews

Through the interview process inmates acknowledged they had never been part of a cross-gender search.

Transgender Inmates Interviews

- Transgender inmates reported being satisfied with the showering arrangements.
- Transgender inmates reported they were housed in general population
- Transgender inmates reported they had never been searched for the sole purpose of staff determine their genitalia
- Transgender inmates reported being re-assessed twice a year

Provision (a)

According to the PAQ the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. Subsequently, in the past 12 months, there were zero cross-gender strip or cross-gender visual body cavity searches of inmates.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 10, 8, a, indicates the facility shall not conduct cross gender strip searches or cross gender visual cavity searches (meaning a search of the anal or genital opening) except in Exigent Circumstances or when performed by medical practitioner.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 226.01, Search, Security Inspections and Use of Permanent Logs, effective date 5/27/2020, p. 6, 1, d, states, in part, males shall be strip searched by male correctional officers. Transgender and intersex offenders' gender designation will coincide with the prison assignment made during classification (i.e., offenders at a female prison will be searched as females, and offenders at a male prison will be searched as males). In case of exigent circumstances (i.e., escapes, riot, etc.), this provision may be waived. However, even at these times, searches of the opposite sex must be conducted with dignity and professionalism and only if a correctional officer of the same sex is not available. Officers must understand the proper procedure to search for a person of all genders in the event of exigent circumstances. Searches of the opposite gender conducted under exigent circumstances must be documented by an Incident Report

Provision (b)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 10, 8, b, indicates 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 to comply with this provision.

The facility is all male and does not house female inmates.

Provision (c)

According to the PAQ, facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 11, 8, c, indicates 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.

The facility is all male and does not house female inmates.

Provision (d)

According to the PAQ, the facility indicated they allowed inmates to shower, perform bodily functions, and change clothes without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Further, the PAQ indicated opposite gender staff are required to announce their presence when entering an inmate housing unit.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 11, 8, d, indicates 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).

Provision (e)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 11, 8, e, indicates 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 to combat a threat to security.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 11-12, 8, f, 1-4, indicate offenders will be notified of the presence of opposite-gender staff members in several ways:

1. Offenders are advised of the requirement to remain clothed, and the presence of cross-gender staff members, during the intake screening process and the admission and orientation process.
2. The following notice will be posted "NOTICE TO OFFENDERS: Male and female staff members routinely work in and visit housing areas."
3. For staff members with offices in the housing units, the most recent schedule is posted in the unit so offenders are aware of when opposite-gender staff may be present.
4. An announcement shall be made each time an opposite-gender staff member comes into a housing unit area.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 12, 8, g, indicates 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.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 12, 8, h, indicates the Department shall train security staff members on how to conduct cross-gender pat searches and searches of Transgender and Intersex offenders in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs and consistent with the population gender of their assigned institution.

Provision (f)

The Auditor reviewed the most recent PREA training documentation for facility staff. Training topics included appropriate search techniques, specifically cross-gender pat searches and searches of transgender and intersex inmates. The Auditor verified the list of staff receiving the training correlated to the existing facility staff listed on the staff roster. Participants signed an acknowledgment of training materials. Additional training documents provided directions to staff on proper documentation practices if cross-gender searches were conducted.

	<p>In response to the question of whether opposite gender announcements are made on housing units, out of the inmates interviewed, the majority report female staff announce their presence when entering the housing unit. All inmates affirmed opposite gender staff announce their presence before entering the bathroom.</p> <p>When female staff were asked how they would proceed if a male staff member were not available, each indicated there was never an instance when a male staff is not on duty who would be directed to the area to conduct the search to ensure cross-gender searches are not performed. All staff interviewed recalled receiving training on opposite gender searches; however, each of them articulated that in all instances female staff do not conduct cross- gender searches and will always defer to a male staff member to complete the search. During the facility tour, opposite gender staff were observed entering the housing units and announcements of their presence were made. Facility staff, when entering the inmate housing and restroom areas, announced the opposite gender Auditor.</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding the limits to cross-gender.</p>
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • PREA Offender Brochure (English/Spanish) • Contract with Language Line Solutions • Instructions for Accessing Language Line <p><u>Observations of PREA poster locations during on-site tour of facility</u></p> <p>During the facility tour, the Auditor observed PREA posters, in both English and Spanish, prominently displayed in each housing unit, work area, hallways, visitation area, as well as other areas throughout the facility. The Auditor was provided written documents, training materials, as well as PREA brochures, which are provided in both</p>

English and Spanish to the inmate population.

The Auditor also observed painted PREA typography and stenciling on the walls of the facility. Making this information more permanent and less accessible to manipulation.

Warden Interview

Through the interview process, the Warden shared that the facility has established procedures to provide inmates with disabilities or inmates who are Limited English Proficient (LEP), the opportunity to participate in PREA reporting process through several avenues such as, staff interpreters, written correspondence, etc.

Random Staff Interviews

Through the interview process, random staff indicated in the event translation is required, they would find another staff member to provide translation.

Inmates with disabilities Interviews

Through the interview process, zero inmates with disabilities reported feeling vulnerable due to their disability. All inmates indicated the facility provides information about sexual abuse and sexual harassment they can comprehend. When each of the inmates were asked, "Do you understand your rights related to sexual abuse and how to report sexual abuse or harassment," they all responded in the affirmative.

Provision (a)

The PAQ, indicates the agency/facility has established procedures to provide disabled inmates and limited English proficient inmates with equal opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment.

The Auditor reviewed the Instructions for Accessing Language Line. The manual was user friendly with a step-by-step outline of how to use the Language Line.

1. There is a toll-free number to access it
2. The facility enters a PIN number specific to the facility
3. Then a language is selected by pressing the number associated with the language, i.e., pressing 1 for Spanish.
4. After pressing the language number the call is transferred to a human interpreter.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 12, 9 a, indicates 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.

Provision (b)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 denotes numerous items relative to ensuring each inmate receives information in verbal and written form, and that all information regarding PREA policy is understood by the inmate. Additionally, it dictates inmate PREA education information will include prevention of sexual abuse and harassment, self-protection, methods of reporting, and treatment and counseling availability.

The facility has resources from across the state for other interpretive services and contact information is provided for each. Services include, but are not limited to, sign language, hearing impaired, limited English proficient (LEP). This is made more robust by staff who are bilingual and serve as interpreters when needed. The facility has a list of staff who are bilingual and what languages they speak.

Lastly the facility employs an American with Disabilities Act coordinator.

Provision (c)

The PAQ indicates in the past twelve months, there have been zero instances where inmate interpreters, readers, or other types of inmate assistants have been used.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 12-13, 9, b, 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.

As indicated in provision (c), the facility has several systems in place to assist those who need interpretive services. As such, there is no need to utilize inmate interpreters.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding inmates with disabilities and inmates who are limited English proficient.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed

- Pre-Audit Questionnaire and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 226.01, Searches, Security Inspections, and Use of Permanent Logs, effective date 5/27/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling A Vacancy, effective date 5/27/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.18, Obtaining and Using Records for Criminal Justice Employment, effective 10/13/2020

Administrative Staff (HR) Interview

Through the interview process the Administrative Staff (HR) indicated:

- Potential new hires fill out personnel documents, which require the disclosure of the standard required items.
- GDC requires background checks on all new hires, promotions at the time of promotion, and existing employees every five years.
- GDC takes a continually active stance with the requirements of the PREA standards and has developed a comprehensive system of tracking to ensure that all the required history checks are completed for pre-hires, promotions, and five-year reviews.
- A condition of staff employment is that any arrest activity must be reported through the respective employees' reporting structure.
- Any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.
- GDC has a centralized database, which tracks the completion of all background checks, and tracks the due dates of the five-year criminal history background check.

The Auditor conducted a review of the requested personnel records and verified that all the files reviewed contained the items required by the standard, including the PREA documentation and verification of the completed criminal history checks. The three questions listed under Provision (a) were asked and answered on all documents as required by the standard. Additionally, these three questions are asked, answered, and documented by staff annually.

. Provision (a)

The PAQ reflects 116 staff and 27 new hires in the past twelve months. The facility also reported 39 contractors and 6 volunteers.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 13-14, 10, a, i-v, indicates:

- 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.
 - ii. The Department shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders.
 - 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.
 2. 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.
 - iv. 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.
 - v. Material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP),

Policy Number: 104.09, Filling A Vacancy, effective date 5/27/2022, p. 7, F, 1, a-d, states:

1. Applicants may be considered for a Vacancy through the following process:
 - a. By review of their application and background data.
 - b. Through interviews conducted by a designated individual(s).
 - c. Using structured interviews and written ratings of qualified Selection Boards; and/or
 - d. Through reference checks conducted by the hiring manager/designated individual via completion of Attachment 5, Professional Reference Check.

NOTE: Reference checks shall include: (1) Any disciplinary actions issued during employment and (2) Any substantiated sexual abuse allegations and actions taken

The Auditor reviewed a random sampling of fifty staff records. Each of the records reviewed contained all items required by the standard, which included documentation of criminal history check information.

Provision (b)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 13, 10, a, ii, indicates the Department shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders.

Provision (c)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 13-14, 10, a, ii-iii, 1-2, indicates the Department shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders. 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.
2. 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.

In the preceding twelve months there were 27 persons hired who may have had contact with inmates who had a criminal background check completed. The Auditor conducted a review of the 27 new hire personnel records and verified that all the files contained the items required by the standard, including the PREA documentation and verification of the completed criminal history checks.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 14, iii, 1, states 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.

According to the PAQ, there were 27 individuals hired in the past 12 months. The GDC conducts background checks on each new hire, before each promotion and every five-years.

Provision (d)

The PAQ indicates there are 2 contracts and 39 contractors. The GDC conducts background checks on each new contractor and every five years thereafter.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 15, 10, b, ii, indicates 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. 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.
2. Ensure that new hires complete SOP 104.09, Attachment 4, Applicant Verification.
3. Ensure that contractors or volunteers complete SOP 208.06, Attachment 13, Contractor/Volunteer Verification Form.

Provision (e)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.18, Obtaining and Using Records for Criminal Justice Employment, effective 10/13/2020, p. 1, IV, A-F, indicates:

- A. Before any facility/office requests criminal history records on an applicant, Attachment 1, the GDC Criminal/Driver History Consent Form, must be signed by the applicant to initiate processing. This form will remain valid and in effect for use through the duration of employment with GDC.
- B. The signed consent form must be submitted with a GDC facility's request to the Georgia Crime Information Center (GCIC), Georgia Bureau of Investigation (GBI), Georgia State Patrol (GSP) or another related agency.
- C. If an applicant will not sign the Consent Form, the applicant cannot be considered for employment.
- D. When GCIC Criminal History Background queries are done for applicants seeking to be P.O.S.T. certified, a check must be conducted in each state where the applicant resided.
- E. If an adverse employment decision is made based on criminal history records, the facility/office must notify the applicant, in writing, of all information pertinent to that decision. This disclosure must inform the applicant of where the name of the criminal justice center where the record was obtained from, the specific contents of the record, and the effect the record had on the decision. NOTE: The Appointing Authority is responsible for making this disclosure. Failure to provide all information to the person subject to the adverse decision shall be a misdemeanor. (See Attachment 2 & Attachment 3, Sample Letters.)
- F. Each facility/office must maintain a file of all signed Consent Forms. If an applicant is hired, their signed consent form shall be included in the employment package sent to the Corrections Human Resource Management Office (CHRM). NOTE: It is a violation of Georgia law to inquire into an applicant's driver's license history records for employment considerations, except as specified within this SOP.

The GDC conducts a criminal background records check, upon application, when being considered for a promotion, and every five years on all current employees and contractors.

Provision (f)

The Administrative Staff (HR) indicated all applicants and employees who may have contact with inmates are directly asked about previous misconduct described in paragraph (a) of this section in written applications and self-evaluations or interviews for hiring or promotions. Further, these questions are asked and answered in writing with employee signatures on an annual basis.

Provision (g)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior

	<p>Prevention and Intervention Program, effective date 6/23/2022, p. 14, 10, a, v, indicates material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.</p> <p><u>Provision (h)</u></p> <p>The Administrative Staff (HR) acknowledged unless prohibited by law, all information on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be shared upon request from an institutional employer for whom such employee has applied for work.</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding hiring and promotion decisions.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>Observations during on-site review</u></p> <p>During the on-site facility tour, the auditor observed the new cameras in M Building. The cameras are expertly placed. The images are crisp and clear. Camera coverage is a way to enhance the physical and sexual safety of the inmate and staff in the room.</p> <p><u>Facility Head Interview</u></p> <p>During the interview process the Facility Head indicated</p> <ul style="list-style-type: none"> • they wanted camera coverage in all areas of the facility to ensure everyone’s safety. • before the camera expansion areas of concern were identified and it was a high priority to address those areas. <p><u>PREA Compliance Manager (PCM) Interview</u></p>

	<p>During the interview process the PREA Compliance Manager indicated camera placement was designed to limit blind spots and provide adequate coverage for PREA protections while preventing cross gender viewing capabilities.</p> <p><u>Random Staff Interview</u></p> <p>During the interview process staff indicated the facility is safer because of the additional camera coverage.</p> <p><u>Provision (a)</u></p> <p>The PAQ indicates the facility has made upgrades to the structure of Building M since the last PREA audit.</p> <p><u>Provision (b)</u></p> <p>The PAQ indicates the facility has installed or updated the video monitoring system, electronic surveillance system or other technology since the last PREA audit. Executive staff agreed that cameras effectively help in security, as well as assist in mitigating and preventing sexual abuse and sexual harassment.</p> <p><u>Conclusion:</u></p> <p>Based upon the quality and coverage of the new camera system, combined with a review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding upgrades to facility and technology.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p><u>Documentation Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual harassment of Offenders, effective date 8/11/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.10, Evidence Handling and Crime Scene Processing, effective date 8/30/2022 • Services Agreement Between the Georgia Department of Corrections (GDC

- and Sexual Assault Response Team (SART), dated August 31, 2021
- MOU Agreement with The Bright House

PREA Coordinator (PC) Interview

Through the interview process, the PC acknowledged the agency follows the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings as well as protocols and requirements for forensic medical exams.

PREA Compliance Manager (PCM) Interview

During the interview process the PCM indicated:

- In the past twelve months there have been seventeen forensic exams performed.
- Victim advocacy services are offered through the staff of The Bright House who are specifically trained.
- The GDC has a service agreement with Sexual Assault Response Team (SART).

SAFE/SANE Staff Interview

During the interview process, the SANE personnel indicated, the inmate meets the staff advocate and arrangements are made to provide any necessary and/or requested counseling services. Follow-up counseling is coordinated through the staff advocate, in collaboration with mental health services. SANE personnel are provided through the Satilla SANE Nurse Group.

Facility Staff Interview

Through the interview process, facility staff articulated an understanding of the process should an inmate report alleged sexual abuse. All staff interviewed were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Provision (a)

The PAQ indicates the facility is responsible for conducting administrative and criminal investigation within the facility.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 16, B, 1, a, indicates 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.

Provision (b)

The PAQ indicates the facility does not house youthful offenders. When reviewing the inmate roster, the Auditor did not see any inmates whose birthdate was later than 2006.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates the protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice 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.

Provision (c)

The PAQ indicates all treatment services are provided to the victim without financial cost. Further, the PAQ reports all forensic examinations have been completed by SANE personnel who come to the facility. If SAFE or SANE personnel are not available, an ER physician will be utilized. On the PAQ, the facility reported seventeen forensic examinations during the past twelve months. All of which were conducted by SANE personnel.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 16, B, 1, c, indicates 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. The offender's consent must be obtained prior to initiating the SANE protocol, in accordance with SOP 507.04.85, Informed Consent.

Forensic examinations are conducted by SANE personnel at the facility. The SANE personnel are members of the Satilla SANE Nurse Group. Satilla SANE Nurse Group reported they are responsible for conducting all forensic medical examinations for the facility. The exam starts with an explanation of the exam and written consent from the patient. From there the SANE will gather demographic information and past medical and surgical history. Details of the assault will be documented in the patient's words in the forensic medical record. After all information is obtained, the SAFE will

conduct a head-to-toe assessment, collect evidence, document trauma, and take photographs with the patient's consent. A detailed genital exam will be conducted with the use of high-resolution digital imaging with the patient's consent. Forensic evidence is collected in conjunction with the head-to-toe assessment and genital assessment. Evidence is packaged and secured while maintaining chain of custody until it can be released to law enforcement. After the exam, the SANE will discuss prophylaxis medication to prevent sexually transmitted infections, including HIV.

Provision (d)

The PAQ indicates victim advocates are provided through The Bright House.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates attempts shall be made to make a victim advocate from a rape crisis center available to the offender victim first. If a rape crisis center is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member from a community-based organization. If a qualified staff member from a community-based organization is not able to provide the offender with victim advocate services, the unit shall make available a qualified staff member to provide the offender with victim advocate services.

Provision (e)

The PAQ indicates if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The advocates are provided through The Bright House in Milledgeville, GA.

As stated in Provision (d) during the examination, the inmate meets the advocate. The advocate provides emotional support, crisis intervention, information, and referrals as necessary and/or requested.

Provision (f)

As reported in Provision (a) all PREA allegations, administrative and criminal, are investigated by the agency/facility.

Provision (g)

Auditors are not required to audit this provision.

Provision (h)

As reported in Provision (d) victim advocacy services are offered through The Bright House in Milledgeville, GA.

Conclusion:

	Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding evidence protocol and forensic medical examinations.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective date 8/11/2022 <p><u>Random Staff Interview</u></p> <p>Through the interview process random staff indicated they knew their responsibility to report any suspicion, or knowledge of an allegation of sexual abuse and sexual harassment. Each reported they were required to make such a report immediately after becoming aware of it. They further stated they are to immediately report to their shift supervisor.</p> <p><u>Investigative Staff Interview</u></p> <p>Through the interview process, investigative staff indicated all allegations are investigated. The agency/facility investigates both administrative and criminal allegations.</p> <p><u>Provision (a)</u></p> <p>The PAQ indicates the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 30, G, 1, indicates all reports of Sexual Abuse or Sexual Harassment will be considered allegations and will be investigated.</p> <p>At the time of the audit, information received regarding the allegations of sexual</p>

abuse and sexual harassment during the prior twelve months revealed a total of fifty-two allegations reported.

At the time of the audit, information received regarding the allegations of sexual abuse during the past twelve months revealed a total of thirty-two sexual abuse allegations reported.

Twenty-five of the sexual abuse allegations were inmate-on-inmate. All twenty-five allegations were investigated administratively. After administrative investigation, seven were deemed unfounded; seventeen were deemed unsubstantiated; and one was deemed substantiated. All inmates were notified of the investigation outcomes in writing and the cases were closed on an administrative level. With the exception of the unfounded allegations, sexual abuse incident reviews were conducted on all cases within 30 days of the closing of the investigation. All twenty-five of these allegations were referred for review and criminal investigation. After review, one case was opened, and referred for prosecution. At the time of the on-site audit this one criminal case had not been resolved.

The remaining seven sexual abuse allegations were staff-on-inmate. These allegation was investigated administratively. After administrative investigation, one was deemed unfounded and seven were deemed unsubstantiated. All inmates were notified of the investigation outcomes in writing and the cases were closed on an administrative level. With the exception of the unfounded allegation, sexual abuse incident reviews were conducted on all cases within 30 days of the closing of the investigation. All seven allegations were referred for review and criminal investigation. After review, zero cases was opened, and prosecution was declined on all allegations.

At the time of the audit, information received regarding the allegations of sexual harassment during the past twelve months revealed a total of twenty sexual harassment allegations reported. Eleven sexual harassment allegations were inmate-on-inmate. They were investigated administratively. After investigation two were deemed unfounded, eight were deemed unsubstantiated; and one was deemed substantiated. The cases were closed on an administrative level and the eleven inmates were notified of the investigative results. The substantiated allegation was referred for review and criminal investigation. After review, no case was opened, and prosecution was declined on the allegation.

The remaining nine were a staff-on-inmate sexual harassment allegation. These allegations were investigated administratively. After investigation one was deemed unfounded, seven were deemed unsubstantiated and one was deemed substantiated. The inmates were notified of the investigation findings and these cases were closed on an administrative level. The substantiated allegation was referred for review and criminal investigation. After review, no case was opened, and prosecution was declined on the allegation.

The Auditor reviewed twenty-five files of sexual abuse allegations and 10 files of sexual harassment allegations. In all sexual abuse cases the alleged victim was offered medical and mental health services. Due to time frames of reporting, seventeen were referred for a SANE examination. All sexual abuse cases, except the

those deemed to be “unfounded” had a sexual abuse incident team review within 30-days of the completion of the investigation. Sexual harassment cases do not require a sexual abuse incident team review. All inmates were notified in writing of the results of the investigation in a timely manner.

Provision (b)

The PAQ indicates the agency has a policy and practice in place that ensures 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.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 31, G, 8, a-c indicates 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.
- b. 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.
- c. 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. An offender who alleges Sexual Abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective date 8/11/2022, 1, 1, indicates it is the policy of the Georgia Department of Corrections (GDC) that Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment filed by sentenced Offenders against other Offenders, departmental employees, contractors, vendors, or volunteers be reported, fully investigated, and otherwise treated in a confidential and serious manner. OPS Special Agents and/or Criminal Investigators with the requisite experience and training in sex crimes investigations and appropriate interview skills will investigate all Allegations set forth in this policy. Staff conduct and attitude towards such Allegations will be professional and unbiased, and staff members will

cooperate with the investigation into all Allegations. It is the policy of the GDC to assure that the investigations are conducted in such a manner as to avoid threats, intimidation, or future misconduct. This policy applies to all employees, contractors, vendors, or volunteers at all state, county, or private prisons and centers operating under the Georgia Board of Corrections housing sentenced Offenders. This policy also applies to all employees and other persons conducting business with Georgia Correctional Industries who have contact with sentenced Offenders.

Provision (c)

As stated in Provision (a) the agency/facility investigate administrative and criminal allegations.

Provision (d)

Auditors are not required to audit this provision.

Provision (e)

Auditors are not required to audit this provision.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses policies to ensure referral of allegations for investigations.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documentation Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Staff sign-in training acknowledgement • Staff Training Curriculum <p><u>PREA Compliance Manager (PCM) Interview</u></p> <p>Through the interview process the PCM indicated:</p>

- PREA training for staff is a priority. It is a never-ending process.
- All current employees who may have contact with inmates have received PREA training. Formal PREA training is provided a minimum of every two years.
- On the alternating years, refresher training ensures the employees know the agency's current sexual abuse and sexual harassment policies and procedures.
- Training consist of, but is not limited to zero tolerance, right to be free from sexual abuse and sexual harassment, how to prevent, detect and respond to allegations of sexual abuse or sexual harassment, how to avoid inappropriate relationships with inmates, and how to communicate effectively with LGBTI inmates.

Facility Staff Interviews

Through the interview process facility staff recalled:

- Attending initial PREA training when they were hired before they were allowed to have contact with inmates.
- Participating in annual, in-service PREA training, as well as additional shift turnout training.
- Training consist of, but is not limited to, zero tolerance, search procedures for inmates, search procedures for transgender inmates, evidence collection, and the right of inmates and staff to be free from sexual abuse or sexual harassment or retaliation.

Provision (a)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 19, 1, a, i-v, indicates 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 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
- v. How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities.

The Auditor reviewed the PREA curriculum and training materials. The core training materials contain all ten of the elements outlined in this provision. Each of the elements is covered in detail in the training and has incorporated numbered training elements to facilitate retention of the required elements. The level or complexity and the robustness of the training will depend on the employee's classification with specialized training curriculum depending on the employee's job responsibilities.

The Auditor reviewed staff training records, conducted on staff from various categories. Each record reviewed contained the relevant documentation to show the staff had met their initial PREA requirements. In addition, the Auditor reviewed the sign-in sheets for the most recent PREA refresher training which were confirmed by staff signatures, each employee acknowledged receiving the PREA training.

Provision (b)

- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 20, 1, b-d, indicates the following:
- b. In-service training shall include gender specific reference and training for 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.
- c. New employees shall receive PREA training during the Pre-Service Orientation. Attachment 19, Staff PREA Brochure, can be used to assist in this training.
- d. Specialized training shall be required for members of the Sexual Abuse Response Team (SART) and any other staff members who are likely to be involved in the management and treatment of sexually abused victims and the perpetrators.

The policy regarding the agency/facility responsibility to provide training and education regarding sexual abuse and sexual harassment is addressed in Provision (a).

The training provided by the agency, addresses both male and female issues. However, the facility training has been tailored specifically to the male inmate population. The Auditor reviewed the training materials utilized for the staff. The training materials are consistent with this PREA standard. If an employee is reassigned from a facility that houses a different population composition, that employee is retrained and/or provided refresher training for the population make-up

of the new facility prior to being placed in contact with the any inmate. The training curriculum did include training specific to transgender inmates.

As stated in Provision (a), the Auditor reviewed documentation for PREA training and verified attendance of staff.

Provision (c)

Of the 116 staff presently assigned to the facility, the Auditor reviewed documentation that reflected 100% of the staff have received PREA training in the past twelve months. Facility staff also receive refresher training every two years. The facility also provides additional PREA training annually, as well as shift training, staff meetings, educational materials, and posters.

Provision (d)

PREA training requirements mandate attendance at all PREA required training is documented through employee signature, acknowledging the training they have received. Employees are required to complete an Acknowledgement of Receipt of Training upon completion of the training. Copies of these receipts were in the records reviewed by the Auditor. The receipts contained various dates which reflected separate training sessions.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding policies regarding employee training.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documentation Reviewed</u></p> <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022• Volunteer/Contractor PREA Training Curriculum <p><u>Contractor Interview</u></p> <p>The Auditor conducted a formal interview with a contract staff member. The</p>

contractor recalled having PREA training, prior to being allowed to work with inmates. The contractor stated the training was specific to the contractor's role and responsibilities in the facility. When the Auditor questioned the contractor about knowledge of PREA, the contractor was able to identify what PREA was and more importantly, what the contractor's role or responsibility if confronted with a situation of sexual abuse or sexual harassment.

Volunteer Interview

The Auditor conducted a formal interview with a volunteer. The volunteer recalled having PREA training, prior to being allowed to work with inmates. The volunteer stated the training was specific to the volunteer's role and responsibilities in the facility. When the Auditor questioned the volunteer about their knowledge of PREA, they were able to identify what PREA was and more importantly, what the volunteer's role or responsibility if confronted with a situation of sexual abuse or sexual harassment.

Provision (a)

The PAQ indicates the agency ensures that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 20, 2, a, indicates 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 in their responsibilities under the Department's PREA policies and procedures. Attachment 19, Staff PREA Brochure, can be used to assist in this training.

The PAQ indicates the facility has six volunteers and thirty-nine contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

Provision (b)

The PAQ indicates the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 20, 2, b, indicates 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.

Provision (c)

The PAQ indicates the agency maintains documentation confirming that volunteers and contractors understand the training they have received.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 21, 2, c, indicates participation must be documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from Department staff members if necessary to ensure understanding of the training.

The Volunteer/Contractor PREA Training Curriculum contains all required elements of training required for contractors and volunteers.

As indicated in Provision (b) copies of the acknowledgment page from the PREA training are retained in each volunteer and contractor file. The Auditor reviewed the sign-in sheets from the PREA training sessions for the past twelve months. Each sign in the sheet reflected acknowledgment signatures from contractors and volunteers for the PREA training they received.

Conclusion:

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses policies regarding volunteer and contractor training.

115.33	Inmate education
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/

2022

Observations during on-site review:

During the on-site review, the Auditor observed PREA related information posted on the walls, explaining sexual abuse and reasons to report abuse in the living units and throughout the facility. The facility also has PREA typography art painted on the walls for permanency. Advocacy information and PREA related information was posted in each living unit near the telephones for easy accessibility.

The Inmate Orientation Handbook, as well as the PREA postings were observed during the on-site tour of the facility by the Auditor. The Auditor reviewed written materials in both English and Spanish.

PREA Compliance Manager (PCM) Interview

Through the interview process the PCM acknowledged:

- The agency/facility ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.
- If an inmate had a disability not covered under the training elements established by the facility, local disability assistance would be contacted to ensure each inmate is able to understand and retain the PREA materials to a comfort level of comprehension.

Intake Staff Interview

Through the interview process intake staff acknowledged:

- Inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment.
- Within 30 days of intake, the agency/facility provides comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents and GDC policies and procedures for responding to such incidents.
- Inmate education is available in formats accessible to all inmates including those who are limited English proficient or deaf when necessary, utilizing a staff person who speaks the language or is proficient in sign language.
- PREA related education and training is provided to all inmates upon transfer to a different facility to the extent the policies and procedures of the inmate's new facility differ from those of the previous facility.
- All inmates who enter the care and custody of the agency/facility are provided an Inmate Orientation Handbook upon admission. The inmate signs the acknowledgment form which is retained in the inmate record.
- Inmates receive PREA training immediately upon arrival, prior to their unit

assignment. Subsequently, inmates receive more in depth PREA education during orientation, which is held every Friday.

Inmate Interviews

During the interview process inmates acknowledged:

- They had completed PREA training. All responses were similar in nature and were generally: zero tolerance for sexual abuse or harassment, right to be free from sexual harassment and retaliation for reporting, who to talk to about a concern, who to report an incident to, and call the number painted on the wall by the telephones.
- Receiving information explaining how to report incidents or suspicions of sexual abuse or sexual harassment.
- Receiving written PREA materials and an Inmate Orientation Handbook. All the interviewees reported the material they received including information about the facility's zero tolerance policy and ways to report. For those inmates who arrived prior to PREA going into effect, recalled receiving the materials and attending training when PREA was implemented. All interviewees acknowledged the facility took PREA seriously and the PCM frequently discussed it with them both formally and informally.

In interviews with inmates, it was consistently reported that the PCM, as well as other staff, check with them formally and informally about PREA issues and practices. They often ask questions to make sure inmates are remembering PREA policies and reporting guidelines, as well as feeling safe on the compound.

Provision (a)

The PAQ indicates 766 inmates were admitted during the past 12 months that were given the PREA zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 21, 3, indicates 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.

In the case of Exigent Circumstances, such training may be delayed, but no more

than 30 days. If the Exigent Circumstance extends beyond 30 days, justification and documentation must be placed in the offender's institutional file. Once the Exigent Circumstance no longer applies, such training must be provided immediately. This education is documented in the same manner as for offenders who participated during the regularly scheduled orientation.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 21-22, 3, a, i-ix indicates the comprehensive PREA education will be provided by designated staff members and the presentation must include:

- i. The Department's zero tolerance of Sexual Abuse and Sexual Harassment
- ii. Definitions of Sexually Abusive behavior and Sexual Harassment;
- iii. Prevention strategies the offender can take to minimize his/her risk of sexual victimization while in Department custody;
- iv. Methods of reporting an incident of Sexual Abuse/Sexual Harassment against oneself, and for reporting allegations of Sexual Abuse involving other offenders;
- v. Treatment options and programs available to offender victims of Sexual Abuse and Sexual Harassment;
- vi. How an investigation begins and the general steps to an investigation;
- vii. Monitoring, discipline, and prosecution of sexual perpetrators;
- viii. The prohibition against retaliation for reporting, and;
- ix. Notice that male and female staff routinely work and visit housing areas;

The Inmate Handbook (English) explaining how to report incidents or suspicions of sexual abuse or sexual harassment collectively address the requirements of Standard 115.33.

Provisions (b)

The PAQ indicates in the past twelve months there were 766 inmates who were admitted and whose length of stay at the facility was more than thirty days. The PAQ also reflected these inmates were provided the PREA information which included their right to be free from sexual abuse, as well as the policies and procedures for reporting. The PAQ reflected 100% of the inmates admitted to their facility in the past twelve months received the mandated information.

Provisions (c)

The PAQ indicates agency policy requires inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP),

Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 22, 3, b, indicates the facility shall maintain documentation of offender participation in these education sessions in the offender's institutional file.

As indicated in Provision (b) 100% of inmates who entered the facility during the past 12-month period received the required PREA training. At the time of PREA implementation, all inmates incarcerated at the facility were required to attend PREA training. Inmates arriving after implementation received their training at intake. This training, at intake, is facilitated through staff going over material and answering any questions the inmate may have. Upon arrival, the inmate is also required to watch a PREA video and is provided an Inmate Orientation Handbook and goes through the A&O process. At the end of the A&O process is a question-and-answer period to reinforce retention of the information presented.

As indicated in Provision (b) the intake staff provide the PREA information immediately upon arrival into the facility. Interviews with intake staff revealed that upon arrival at the facility inmates are given orientation materials, including PREA related materials, before being assigned to a housing unit. This is a requirement for all inmates, whether they are a new intake or a transfer from another facility.

Provision (d)

The PAQ indicates Inmate PREA education is available in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, and those otherwise disabled and those who have limited reading skills.

The various training elements provided to the inmate population range from PREA documents in both English and Spanish, PREA posters in both English and Spanish, PREA Typographic Art painted on the walls, to staff members who are fluent in Spanish. They also have a list of staff interpreters on each housing unit.

As a back-up, anytime a translation service is needed and in the unlikely event an interpreter is not available, the staff can use Google Translate. Google translate can be accessed via a computer with an attached microphone to address any translation needs for the inmates of the facility. At the present time, Google Translate supports 103 different languages, and is available 24 hours a day, 7 days a week.

Provision (e)

The PAQ indicates the agency/facility maintains documentation of inmate participation in PREA Education sessions.

As stated in previous provisions, all inmates sign a receipt of the Inmate Orientation Handbook, as well as for receipt of the Safe Prisons/PREA Program Offender Sexual Abuse Education. The original of these forms are maintained as documentation. A review of inmate records was conducted, and the signed acknowledgment document was in every file.

Provision (f)

	<p>The PAQ indicates the agency/facility ensures key information about the agency’s PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.</p> <p>It is evident the facility administration and the PCM are dedicated to ensuring the inmates receive crucial education about sexual abuse and sexual harassment. Using varying formats, the inmate population receives valuable information in user friendly, comprehensible ways. The Inmate Handbook is an excellent tool which specifically lays out the prevention of sexual violence, zero tolerance policy and includes multiple methods inmates can seek assistance regarding sexual violence.</p> <p>Conclusion:</p> <p>Considering the comprehensive Inmate Handbook, the PREA Word Art painted on the facility walls, PREA information in English and Spanish, combined with the review and analysis of the available evidence, the Auditor has determined that the agency/facility exceeds every provision of the standard for inmate education.</p>
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115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Training Logs/Records of Investigative Staff <p>Investigative Staff Interview</p> <p>Through the interview process investigative staff confirmed participation in and successfully completion of special investigator training.</p> <p>Provision (a)</p> <p>The PAQ indicates agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Check N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 23, 4, a-c,</p>

indicates:

- a. All staff investigating Sexual Abuse/Sexual Harassment allegations must be specially trained in conducting Sexual Abuse/Sexual Harassment investigations in confinement settings.
- b. 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.
- c. The Department shall maintain documentation that agents and investigators, whether internal or external, have completed the required specialized training in conducting Sexual Abuse investigations.

Agency/facility training records provided documentation of the specialized training required by this standard.

The Auditor reviewed sign-in sheets and training materials which confirmed the general PREA training that is mandated for agency/facility employees, contractors and volunteers outlined in policy and PREA standards, was adhered to. The sign-in sheets confirm, in addition to specialized training, the investigators received the general PREA training mandated for all agency/facility employees.

Training Logs/Records of Investigative Staff confirmed investigators completed the required training and passed the curriculum post-test. Currently there are two investigators. Through a review of training records and an interview with a facility investigator, the Auditor was able to confirm that all training requirements have been met.

Provision (b)

The PAQ Indicates investigator specialized training include techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity, Sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

As indicated in Provision (a), through staff interview and a review of the training documents by the Auditor, each of the assigned staff members have attended the required training and met all training requirements. All training documentation is retained in the employee file, as required.

Provision (c)

The PAQ indicates the agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

As indicated in Provision (a), the agency/facility conducts all administrative and criminal investigations related to PREA allegations.

	<p>Provision (d)</p> <p>The Auditor is not required to audit this provision.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses policies regarding specialized training: investigations.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Training of Health Services Staff • Staff Training Agenda 2022/2023 Annual Refresher Training • Training Logs/Records for Medical and Mental Health Practitioners <p><u>Warden</u></p> <p>Through the interview process, the Warden indicated that medical and mental health care practitioners received general and specialized PREA training.</p> <p><u>Medical Staff Interview</u></p> <p>Through the interview process, medical acknowledged they had received the general PREA training as well as PREA training specifically designed for medical and mental health practitioners.</p> <p><u>Mental Health Staff Interview</u></p> <p>Through the interview process, medical acknowledged they had received the general PREA training as well as PREA training specifically designed for medical and mental health practitioners.</p> <p><u>PREA Compliance Manager (PCM) Interview</u></p> <p>Through the interview process, the PCM confirmed medical and mental health care practitioners employed by the agency/facility also receive training mandated for</p>

employees.

Provision (a)

The PAQ indicates the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. There are thirty-nine medical and mental health care practitioners who work regularly at this facility. They have all received the training required by agency policy.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 23, 5 indicates 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.

A review of the provided lesson plan/training materials demonstrate compliance with this training requirement.

Through a review of training records and the interview process the Auditor was able to confirm that all training requirements have been met.

Provision (b)

N/A - All medical staff at the facility are prohibited by procedure from performing forensic examination on sexual abuse victims.

Provision (c)

The PAQ indicates The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

As indicated in Provision (a), through staff interview and a review of the training documents by the Auditor, each of the medical and mental health staff members have attended the required training and meet all training requirements. All training documentation is retained in the employee file, as required.

Provision (d)

The PAQ indicates medical and mental health care practitioners employed by the agency also receive training mandated for employees, as well as contractors and volunteers.

The Auditor reviewed sign-in sheets and training materials that reflect the general PREA training that is mandated for agency/facility employees, contractors, and volunteers outlined in policy and PREA standards. The sign-in sheets confirm, in addition to specialized training, the medical and mental health staff received the general PREA training mandated for all agency/facility employees.

Conclusion:

	Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses policies regarding specialized training: medical and mental health care.
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • GDC, SOP 208.06. Attachment 2, Revised 06-23-2022. <p><u>PREA Compliance Manager Interview</u></p> <p>Through the interview process the PCM indicated medical staff, mental health staff, classification staff and the PCM have access to the screening information collected during intake. All information is limited to a need-to-know basis for staff, only for the purpose of treatment, security, and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments.</p> <p><u>Inmate Interviews</u></p> <p>Through the interview process inmates acknowledged being asked questions relative to their concern for sexual safety, and if they felt like they were going to harm themselves.</p> <p><u>Classification Staff Interviews</u></p> <p>Through the interview process, classification staff indicated they monitor the inmate population, and re-assess when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that may have bearing on the inmate’s risk of victimization or abusiveness. In addition to the reasons listed, transgender inmates are reassessed every six months.</p> <p>Through the interview process, classification staff indicated inmates are not disciplined for refusal to answer questions during an assessment. Each indicated they would explain the reason behind the question and attempt to solicit a response. However, no disciplinary action would be taken if the inmate chose not to respond.</p> <p>Provision (a)</p>

The PAQ indicates all inmates are assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. All inmates are assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 23, D, 1, indicates 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.

Provision (b)

The PAQ indicates intake screenings ordinarily take place within 72 hours of arrival at the facility.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 23-24, D, 2, indicates 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. Information from this assessment will be used to determine classification decisions with the goal of keeping separate offenders at elevated risk of being sexually victimized from those at elevated risk of being sexually abusive. Note: The results of the risk assessment should not hinder classification opportunities.

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% of 766 inmates were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility.

A list of inmates' arrival dates and dates of evaluation demonstrate compliance with this standard. From the roster of inmates, the Auditor chose files of inmates to review. The files were for inmates from varying housing units, ethnic and racial backgrounds. The names were chosen from a complete alpha roster of inmates. The Auditor went down the list and randomly chose names, in no order or sequence, from the roster.

The Auditor reviewed inmate files to ensure they received the training and how that training was completed. All files reviewed had verification that the initial screening had occurred within 24 hours of arrival.

Provision (c)

The PAQ indicates all PREA screening assessments are conducted using an objective screening instrument

The Auditor reviewed a copy of the intake form and screening assessment form. Staff members who conduct Intake screenings utilize SOP 208.06. Attachment 2, Revised

06-23-2022 Screening Form. Inmates who surpass the threshold on the screening form are referred to Mental Health for an additional assessment regarding their level of risk,

environmental considerations, and treatment needs. The inmate is reassessed within thirty days, after the initial meeting.

The Auditor was able to verify compliance with this provision through the review of inmate records, reflecting copies of the required assessments. A review of the GDC, SOP 208.06. Attachment 2, Revised 06-23-2022, indicates the instrument is weighted and scored based upon responses to specific questions required in the Standard and Provision.

Provision (d)

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

Whether the inmate has a mental, physical or developmental disability

The age of the inmate

The physical build of the inmate

Whether the inmate has previously been incarcerated

Whether the inmate's criminal history is exclusively nonviolent

Whether the inmate has prior convictions for sex offenses against an adult or child

Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming

Whether the inmate has previously experienced sexual victimization

The inmate's own perception of vulnerability

The facility does not detain inmates solely for civil immigration purposes.

The Auditor reviewed the intake screening instrument. It included the following items:

The age of the inmate

The physical build of the inmate

Whether the inmate's criminal history is exclusively nonviolent

Whether the inmate has prior convictions for sex offenses against an adult or child

What is the inmate's sexual orientation

What is the inmate's gender identity

Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.

The inmate's own perception of vulnerability

Whether the inmate has been a victim of sexual abuse while incarcerated, as an adult or juvenile

Whether the inmate been a perpetrator of sexual abuse while incarcerated, as an adult or juvenile

The facility does not detain inmates solely for civil immigration purposes.

Provision (e)

The PAQ indicates in assessing inmates for risk of being sexually abusive, the initial PREA risk screening considers, as known to the agency:

prior acts of sexual abuse

prior convictions for violent offenses

history of prior institutional violence or sexual abuse.

Through the interview process, classification staff acknowledged they monitor the inmate population, and will re-assess when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that may have bearing on the inmate's risk of victimization or abusiveness.

Provision (f)

The PAQ Indicates within a set time period not more than 30 days from the inmate's arrival at the facility, the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, specifies within a period, not to exceed 30 days from the offender's arrival at the facility, the offender shall be reassessed for risk of victimization or abusiveness following receipt of any additional or relevant information received by the agency/facility since the initial

intake screening.

The Auditor reviewed the PAQ which indicated that within the past 12 months, the inmates in the facility longer than 30-days from arrival, 100% of 766 inmates were reassessed for the risk of sexual victimization or risk of sexually abusiveness of other inmates within 30-days of their entry into the facility.

Of the random and targeted inmates, who arrived after PREA went into effect, everyone indicated they recalled being asked questions relative to this standard. Most indicated they recalled being interviewed within a couple of weeks after arrival.

A review of the inmate files confirmed they had been reassessed within the thirty-day timeframe. Of the inmate records which were reviewed by the auditor, all had been reassessed within thirty days. These finished screening documents were completed by different staff, with each instrument being finalized consistent with the standard.

Provision (g)

The PAQ Indicates the facility reassesses an inmate's risk level when warranted:

- Due to referral
- Due to a request
- Due to an incident of sexual abuse
- Due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 24, D, 2, c, indicates 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.

Provision (h)

The PAQ indicates inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked during a risk screening.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 24, D, 23, indicates, 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.

Provision (i)

	<p>The PAQ indicates the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates staff shall use appropriate controls to disseminate responses to questions asked pursuant to this plan within the units, ensuring that sensitive information is not exploited to the detriment of any offender by staff or other offenders.</p> <p>As stated previously, classification staff indicated access to the inmate's classification information is secured, with controlled access by classification staff.</p> <p>Conclusion:</p> <p>Considering the mandated 72-hour risk assessment is completed on new arrivals within 24-hours combined with the review and analysis of all the available evidence, the Auditor has determined the agency/facility exceeds the standard which addresses Screening for Risk of Sexual. Victimization and Abusiveness.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documentation Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Subject: PREA Standard 115.13, Facility PREA Staffing Plan, effective date 7/01/2023 <p><u>PREA Coordinator (PC) Interview</u></p> <p>Through the interview process the PC indicated according to policy, the gender identification of each inmate is initially determined by their legal sex assignment, generally at birth; however, from that point forward every inmate is individually</p>

assessed and classified to ensure the safety of the inmate, as well as the safety of the inmate population.

Through the interview process the PC indicated the transgender or intersex inmate's views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. Further regular classification reassessments are conducted a minimum of every six months, or if the inmate is involved in an incident of a sexual nature. Additionally, these inmates are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.

Staff Responsible for Risk Screening Interview

Through the interview process, staff responsible for risk screening, indicated because of the assessment procedures being utilized, each inmate is individually evaluated. Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual inmate when making classification and housing decisions.

PREA Compliance Manager (PCM) Interview

Through the interview process the PCM, revealed that neither the agency or facility are under any consent decree, legal settlement, or legal judgment requiring the establishment of a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) inmates. All acknowledged that all LGBTI inmates are housed within the general population unless specific issues are present and only then the appropriate staff will meet with the inmate and address the concerns.

Through the interview process, staff who are responsible for risk screening indicated transgender or intersex inmates view of their own safety is taken into thoughtful consideration when determining housing placements and programming assignments. In addition, the staff who are responsible for risk screening indicated because of the assessments that are utilized, each inmate is evaluated individually.

Through the interview process, the PCM indicated every assessment completed by staff is factored into the placement and programming of each inmate. Further, the inmate's risk levels, housing and program assignments are guided with the use of these various assessments ensuring that every inmate, especially those at elevated risk of being sexually victimized, are separated from those at considerable risk of being sexually abusive.

LGBTI Inmate Interviews

Through the interview process, LGBTI inmates reported they were housed in the general population and were not currently, nor had they ever been, housed in a housing unit designed for only LGBTI inmates. The Auditor reviewed an inmate roster and confirmed that all LGBTI inmates were housed in the general population.

Provision (a)

The PAQ indicates the agency/facility uses information from the risk screening required to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 24, 4, indicates 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.

Following a review of inmate records, the Auditor was able to verify the information from these assessments was being utilized in the various classification decisions made by staff.

Provision (b)

The PAQ indicates the agency/facility makes individualized determinations about how to ensure the safety of each inmate.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 24-25, 5, indicates 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.

Provision (c)

The PAQ indicates in making housing and programming assignments, the facility shall:

- consider on a case-by-case basis whether a placement of a transgender or intersex inmate would present management or security problems.
- As stated in provision (b), 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.

Provision (d)

The PAQ indicates placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year to review any threats to safety experienced by the inmate.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates placement and programming assignments for each transgender or intersex offender shall be reassessed semiannually to review any threats to safety experienced by the offender.

Provision (e)

The PAQ indicates each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019, indicates a transgender or intersex offender's views with respect to his or her own safety shall be given thoughtful consideration.

Provision (f)

The PAQ indicates transgender and intersex inmates given the opportunity to shower separately from other inmates.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019, states offenders identified as transgender, or intersex shall be given the opportunity to shower separately from other offenders.

According to the PC, PCM and the staff responsible for risk screening, each indicated the transgender or intersex inmate's views of their own safety is given sincere consideration when providing showering options. In addition, they clarified, transgender or intersex inmates would be able to shower separately from other inmates by utilizing alternate shower times. As previously identified, each of the housing units have bathrooms with shower stalls that have screens for use by transgender inmates for additional privacy, if desired. The random staff who were interviewed also indicated that if a transgender or intersex inmate asked to shower separately, they would arrange a separate shower time from the other inmates.

Provision (g)

The PAQ indicates unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, the agency always refrain from placing lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP),

	<p>Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019, indicates LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely based on this identification or status, unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting these offenders.</p> <p>Conclusions:</p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard requiring the use of screening information.</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p>PREA Compliance Manager (PCM) Interview</p> <p>Through the interview process the PCM indicated there have not been any inmates placed in protective custody or involuntary administrative/punitive segregation in the past twelve months for risk of sexual victimization.</p> <p>Provision (a):</p> <p>The PAQ indicates the agency has a policy prohibiting the placement of inmates at elevated risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from abusers. During the past twelve months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard. The PCM indicated there had not been any inmates placed in protective custody in the past twelve months. Consequently, no inmates were interviewed relative to this standard.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates offenders at</p>

high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment is not completed immediately, the staff may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 8, a-d, indicates offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from likely abusers. This placement, including the concern for the offender's safety, must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged.

- a. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation.
- b. The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.
- c. If offenders placed in segregated housing for this purpose have restricted access to programs, privileges, education, or work opportunities, then the facility shall document: 1) the opportunities that have been limited, 2) the duration of the limitation, and 3) the reasons for such limitations.
- d. Every 30 days, the facility shall conduct and document a review for each such offender to determine whether there is a continuing need for separation from the general population.

Provision (b)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates if an offender is placed in protective safekeeping for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the unit restricts access to programs, privileges, education, or work opportunities, the agency/facility shall document:

- a. The opportunities that have been limited.
- b. The duration of the limitations; and
- c. The reasons for the limitations.

According to the PAQ during the past twelve months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard. This information was confirmed by the PCM. Consequently, no inmates were

interviewed relative to this provision.

Provision (c)

The PAQ indicates in the past 12 months, zero inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 8, indicates offenders at high risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from likely abusers. This placement, including the concern for the offender's safety, must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 8, b, indicates offenders shall be assigned to protective safekeeping only until an alternative means of separation from likely abusers is arranged, for no longer than 30 days.

According to the PAQ during the past twelve months there have been zero inmates placed into involuntary administrative or punitive segregation in accordance with this standard, specific to a period longer than 30-days, while awaiting alternative placement. The PCM confirmed this information. Consequently, no inmates were interviewed relative to this provision.

Provision (d)

The PAQ indicates during the past twelve months there have been zero inmates placed into involuntary administrative or punitive segregation in accordance with this standard, specific to a period longer than 30-days, while awaiting alternative placement. Consequently, no inmates were interviewed relative to this provision.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates that inmates at high risk for sexual victimization shall not be placed in the Restrictive Housing Unit (RHU) unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. Inmates are reassessed every seven days after entering the RHU.

Provision (e)

The PAQ indicates during the past twelve months there have been zero inmates placed into protective custody in accordance with this standard. This was confirmed

	<p>by the PCM. Consequently, no inmates were interviewed relative to this provision.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 8, d, indicates every 30 days, the facility shall conduct a review to determine if there is a continuing need for separation of the offender from the general population.</p> <p>Conclusions:</p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard relative to protective custody.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p><u>Documentation Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Offender PREA Brochure (English and Spanish) • Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders <p><u>Observations during the facility tour</u></p> <p>During the on-site portion of the audit, the Auditor observed different PREA posters in both English and Spanish throughout the facility. These posters were observed in each housing unit, communal areas, main hallways, intake holding area, dining room, etc. The Auditor also observed PREA typographical art painted on the walls of the facility in various locations.</p> <p>The Auditor checked numerous inmate telephones throughout the facility, and all were in working order and readily available in each housing unit. Each phone that was evaluated was in working order and could be used to call out.</p> <p><u>PREA Compliance Manager (PCM) Interview</u></p> <p>Throughout the interview process the PCM reported inmates could report abuse or harassment to a public or private entity.</p>

Random and Specialized Staff Interviews

Throughout the interview process the staff acknowledged they would accept a report or allegation from the inmate and provide it to their supervisor for further direction. They each also indicated inmates can report in diverse ways which includes telling a staff member, calling the PREA telephone number posted throughout the facility, or telling a family member.

Through the interview process, staff acknowledged there are multiple methods for staff to privately report sexual abuse of inmates were identified. All staff indicated they may choose to make a private report to their supervisor, another supervisor, PCM, or PC.

Random and Targeted Inmates Interviews

Through the interview process the inmates reported they were aware of multiple ways to report incidents of sexual abuse or sexual harassment. These included using the hotline number, contacting the PCM, having family members contact the institution, contacting a staff member, and "writing to the address on the poster." Most indicated they would tell a staff member first.

Through the interview process, inmates acknowledged they were familiar with an outside agency and said they were aware they offered support services.

Provision (a):

The PAQ indicates the agency provide multiple internal ways for inmates to privately report:

1. Sexual abuse and sexual harassment
2. Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment
3. Staff neglect or violation of responsibilities that may have contributed to such incidents

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 26, E, 1, a-b, indicates the following:

- 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 reports will be promptly documented and investigated. Offenders may choose to report these allegations anonymously.
- b. 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.

Provision (b)

The PAQ indicates the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, E, 2, a, i-iii, indicates third party reports may be made to

1. 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 Drive, S.E. Balcony Level, East Tower, Atlanta, GA 30334

The facility does not detain inmates solely for civil immigration purposes.

Provision (c)

The PAQ indicates staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The staff promptly document any verbal reports of sexual abuse and sexual harassment.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, E, 2, b, indicates staff members shall accept reports made verbally, in writing, and from third parties and shall promptly document any verbal reports.

Provision (d)

The PAQ indicates the agency provides a method for staff to privately report sexual abuse and sexual harassment of inmates.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, E, 2, c, Staff members shall forward all reports or suspicions of Sexual Abuse or Sexual Harassment to their immediately supervisor or the designated SART member promptly.

Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders is an excellent resource for the staff, outlining what to do and how to do it.

	<p>Conclusions:</p> <p>Taking into consideration the PREA typographical art and messaging painted on the walls, including the PREA Hotline number, the Offender PREA Brochure and the Staff PREA Brochure and the information contained in both, combined with a review and analysis of all available evidence, the Auditor has determined the agency/facility exceeds the standard relative to inmate reporting.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>Staff Interviews</u></p> <p>Through the interview process with staff, it was reported allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p><u>Inmate Interviews</u></p> <p>Through formal interviews and informal conversations with inmates, it was reported allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p><u>Provision (a):</u></p> <p>The PAQ indicates sexual abuse and sexual harassment are not grievable issues. If a grievance form is received with a PREA allegation on it, it is treated as a written report and if forwarded immediately for investigation. However it does not proceed through the grievance process.</p> <p>Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, E, 3, indicates 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><u>Provision (b)</u></p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are</p>

	<p>not grievable issues.</p> <p><u>Provision (c)</u></p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p><u>Provision (d)</u></p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p><u>Provision (e)</u></p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p><u>Provision (f)</u></p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p><u>Provision (g)</u></p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p><u>Conclusions:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding exhaustion of administrative remedies.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documentation Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • MOU between the facility and The Bridge House <p><u>Observations during on-site review</u></p>

During the tour of the facility, the Auditor observed PREA posters and PREA typography on the walls throughout the facility. These postings around the facility as well as the Inmate Handbook, let inmates know they can notify the PCM, or other staff member, of any incident of sexual abuse or sexual harassment.

During the tour of the facility, the Auditor evaluated several pay phones to ensure they worked. Each time the telephones functioned appropriately. The phones are checked once each shift by an intermediate or higher-level staff member to make sure they are in working order to reach the outside support agency without difficulty.

Inmate Interviews

Through the interview process inmates indicated there was a telephone number and address available to them to contact someone in the event of sexual abuse or sexual harassment. Each inmate reported the call was free and confidential.

Through the interview process the inmates indicated they were familiar with The Bridge House. Moreover, they were familiar with the limitations of confidentiality due to mandatory reporting laws.

PREA Compliance Manager (PCM) Interview

Through the interview process the PCM indicated the facility has an MOU with The Bridge House. Through this MOU, the facility utilizes The Bridge House for victim advocacy. Advocates are made available to be present with the victim before, during and following a forensic examination. Additionally, the advocate conducts follow-up contacts with the victim to ensure aftercare is arranged and firmly in place.

Provision (a)

On the PAQ the facility reported it provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving inmates mailing addresses and telephone numbers (including toll-free numbers) for state, or national victim advocate or rape crisis organizations
2. Enable reasonable communication between inmates and these organizations in as confidential a manner as possible.

The PAQ indicates the facility has an MOU with The Bridge House for outside confidential support services and victim advocacy services for inmates.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 17, B, e, indicates 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, 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 in 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. Note: Any agreement must be approved through the Legal Services Office prior to implementation.

Provision (b)

The PAQ indicates the facility tells inmates the extent to which communications will be monitored and the limits of confidentiality due to mandatory reporting laws.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 18, B, f, indicates victim advocates from the community used by the facility shall be pre-approved through the appropriate screening process and subject to the same requirements as contractors and volunteers who have contact with offenders. The victim advocate serves as emotional and broad support, navigating the offender through the treatment, evidence collection, and investigation process. The victim advocate has access to the offender like that of medical staff at the facility. Victim advocates are not authorized to make decisions regarding offender care or interfere with escort, security, or investigation procedures that are deemed necessary by the facility/ investigator.

Provision (c)

The PAQ indicates the facility has an MOU with The Bridge House to provide inmates with emotional support services related to sexual abuse. The Auditor reviewed the MOU with The Bridge House.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding inmate access to outside confidential support services.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation Reviewed

- Pre-Audit Questionnaire and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

Inmate Interviews

Through the interview process the inmates indicated they were aware of third-party reporting and would use it if necessary.

Provision (a)

The PAQ indicates the facility provides access to third-party reporting through their agency website.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 26-27, E. 2, a, i-iii, indicates 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 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 website and posted notices assist third party reporters in reporting allegations of sexual abuse/sexual harassment. The inmates interviewed indicated they were aware of third-party reporting methods.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding third party reporting.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Documentation Reviewed</u>

- Pre-Audit Questionnaire and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

Staff Interviews

During the interview process, staff acknowledged this requirement and were able to articulate how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc. All staff indicated PREA related allegations and reports go to the PCM, who then notifies the investigative staff.

Medical and Mental Health Practitioner Interviews

During the interview process, medical and mental health individuals were aware of this requirement and were able to verbalize how they would immediately report an allegation of sexual abuse. Further, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they were obligated to advise the victim (inmate) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.

Warden Interview

During the interview process the Warden acknowledged awareness of this requirement and the directive to report any abuse allegations to the appropriate agency, as required by law, as well as the PCM and agency investigators.

PREA Compliance Manager (PCM) Interview

During the interview process, the PCM confirmed allegations of sexual abuse and sexual harassment are reported to the PCM.

Provision (a)

The PAQ indicates the agency requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The same reporting directive goes for retaliation or staff neglect as it related to sexual abuse or sexual harassment.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, E, 2, c, indicates staff members shall forward all reports or suspicions of sexual abuse or sexual harassment to their immediate supervisor or the designated SART member promptly. Staff members shall immediately report, according to policy, any

knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurs; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Provision (b)

The PAQ indicates apart from reporting to designated supervisors or officials, 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

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 24, 3, NOTE, indicates staff shall not reveal any information related to a sexual abuse report to anyone other than designated supervisors or officials, and only to the extent necessary to make informed treatment, investigative, security, and management decisions.

Provision (c)

The PAQ indicates medical and mental health practitioners are required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Policy indicates unless otherwise precluded by federal, state, or local law, and at the initiation of services, medical and mental health practitioners shall be required to report sexual abuse and to inform offenders of the practitioner's duty to report, as well as the limitations of confidentiality.

Provision (d)

The PAQ indicates if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency reports the allegation to the designated State or local services agency under applicable mandatory reporting laws

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting Laws.

Provision (e)

	<p>The PAQ indicates the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigator.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates all staff members shall immediately report, according to policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurs; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding staff and agency reporting duties.</p>
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115.62	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 7, PREA Local Procedure Directive and Coordinated Response Plan <p><u>Warden Interview</u></p> <p>Through the interview process the Warden acknowledged immediate action to protect the victim (inmate) would be taken. The victim might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim. The perpetrator, if known, would be placed in segregated housing.</p> <p><u>PREA Compliance Manager (PCM) Interview</u></p> <p>Through the interview process the PCM indicated the protection and safekeeping of</p>

the victim is always the primary focus in allegations of sexual abuse. The PCM indicated, if necessary, the victim would be moved to different housing. If the perpetrator were identified, the perpetrator would be placed in disciplinary segregation pending completion of the investigation.

Staff Interviews

Through the interview process staff acknowledged if they receive an allegation from an inmate, they would immediately separate the victim and the perpetrator, safeguard the victim, contact their supervisor, and preserve evidence.

Provision (a)

The PAQ indicates in the past twelve months, the agency/facility had zero determinations that an inmate was subject to a substantial risk of imminent sexual abuse.

The PAQ indicates when the agency/facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 7, PREA Local Procedure Directive and Coordinated Response Plan provides 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. When the agency/facility learns that an inmate is subject to a substantial risk of imminent sexual abuse it takes immediate action to protect the inmate.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding agency protection duties.

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documentation Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures

(SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

Warden Interview

Through the interview process the Warden indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately assigned for investigation.

PREA Coordinator (PC) Interview

Through the interview process the PC confirmed any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or staff sexual misconduct that occurred within any facility will be investigated in accordance with the guidelines of the GDC.

PREA Compliance Manager (PCM) Interview

Through the interview process the PCM acknowledged any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or staff sexual misconduct that occurred within any facility will be investigated in accordance with the guidelines of the GDC.

Provision (a)

The PAQ indicates upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred?

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, 2, a, indicates 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 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.

Provision (b)

The PAQ indicates agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 2, b, indicates such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation.

Provision (c)

The PAQ indicates that in the past twelve months, the facility received zero allegations that an inmate was abused while confined at another facility. As outlined in Provision (b) policy requires that any inmate allegation of sexual abuse occurring while confined at another facility be reported to the Warden of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 2, b & c, indicates such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation and the facility shall document that it has provided such notification.

Provision (d)

The PAQ Indicates there were zero allegations of sexual abuse the facility received from other facility. This allegation was investigated in accordance with the PREA standards.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 2, d, indicates 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.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding reporting to other confinement agencies.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Documents Reviewed</u>

- Pre-Audit Questionnaire and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

Warden Interview

Through the interview process, the Warden acknowledged first responder staff have been trained in the PREA process, and frequent training is conducted to ensure competency and compliance.

Security Staff - First Responders Interview

Through the interview process, security staff first responders acknowledged training in the PREA process through annual in-service training, on the job training, and staff meetings. The PCM reminds them of PREA policies and speaks with them regarding the importance of PREA and sexual safety.

Non-Security First Responders Interview

Through the interview process, non-security staff indicated they would notify security staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until security staff arrived. They all verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.

Staff Interview

Through the interview process staff were consistently able to articulate to the Auditor, step-by-step, how to respond to a PREA incident. All staff were aware of the mandate to separate the perpetrator from the victim, preserve physical evidence, as well as the area the incident occurred, seek medical aid, as needed, and report the incident.

Provision (a)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 3, indicates 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.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, F, 1, indicates

First Responder, and Department reporting duties are as follows:

- a. Response protocols shall follow the guidelines outlined in Attachment 7, Local Procedure Directive and Coordinated Response Plan.
- b. The PREA Unit will be notified of all allegations within two (2) working days after receiving the allegations via PREA.report@gdc.ga.gov using Attachment 10, PREA Initial Notification Form.

After learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:

1. Identify, separate and secure inmates involved, if necessary.
2. Identify the crime scene and maintain the integrity of the scene for evidence gathering.
3. Notify a shift supervisor of the incident as soon as practical.
4. Do not allow any inmates involved to shower, wash, drink, brush teeth, eat, defecate, urinate, or change clothes until examined if doing so could be expected to destroy biological, forensic, or physical evidence related to such sexual abuse.
5. Promptly document incident on CN 6601, Incident Report and forward to a shift supervisor in accordance with Administrative Directive 6.6, Reporting of Incidents.
6. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

According to the PAQ in the past twelve months, there were thirty-two allegations that an inmate was sexually abused. Of these allegations of sexual abuse in the past twelve months, the first security staff member to respond to the report separated the alleged victim and abuse thirty-two times. Staff were notified within a period that still allowed for the collection of physical evidence twenty-three times. Of these allegations in the past twelve months where staff were notified within a period that still allowed for the collection of physical evidence, twenty-three times the first security staff member responded to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. Of these allegations in the past twelve months where staff were notified within a time period that still allowed for the collection of physical evidence, twenty-three times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. Of these allegations in the past twelve months where staff were notified within a time period that still allowed for the collection of physical evidence, twenty-three times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating,

smoking, drinking, or eating.

Provision (b)

The PAQ indicated the facility thirty-two allegations of alleged sexual abuse in the past twelve months. Of the allegations that an inmate was sexually abused made in the past twelve months, a non-security staff member was the first responder eighteen times.

The Auditor's review of the PREA training curriculum that all staff, volunteers, and contractors received, identifies whoever received the information first, as a First Responder, including staff, volunteers, and contractors. As a first responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to the Shift Supervisor or PCM.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding staff first responder duties.

115.65 Coordinated response	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Documents Reviewed</u> <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
	<u>Warden Interview</u> <p>Through the interview process the Warden confirmed the coordinated response plan breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings and on-the-job training.</p>
	<u>First Responder Interviews</u> <p>Through the interview process each first responder was able to articulate their required responsive actions following an alleged sexual abuse incident. Each</p>

understood and made appropriate responses to an alleged sexual abuse incident and had been appropriately trained to respond to such incidents.

Specialized Staff Interviews

Through the interview process each specialized staff member was able to articulate their required responsive actions following an alleged sexual abuse incident. Each understood and made appropriate responses to an alleged sexual abuse incident and had been appropriately trained to respond to such incidents.

Provision (a)

The PAQ indicates the facility has 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

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 3, indicates 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.

After learning of an allegation that an offender was sexually abused, the first correctional officers responding to the report shall:

1. Identify, separate and secure inmates involved, if necessary.
2. Identify the crime scene and maintain the integrity of the scene for evidence gathering.
3. Notify a shift supervisor of the incident as soon as practical.
4. Do not allow any inmates involved to shower, wash, drink, brush teeth, eat, defecate, urinate, or change clothes until examined if doing so could be reasonably expected to destroy biological, forensic, or physical evidence related to such sexual abuse.
5. Promptly document incident on CN 6601, Incident Report and forward it to a shift supervisor in accordance with Administrative Directive 6.6, Reporting of Incidents.
6. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding

	coordinated response.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>PREA Coordinator (PC) Interview</u></p> <p>Through the interview process the PC indicated the State of Georgia does not enter into collective bargaining.</p> <p><u>Provision (a)</u></p> <p>According to the PAQ, the State of Georgia does not enter into collective bargaining.</p> <p><u>Provision (b)</u></p> <p>Auditors are not required to audit this provision.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding preservation of ability to protect inmates from contact with abusers.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation.

- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

Warden Interview

The Warden further indicated there are multiple measures used to protect inmates and staff from retaliation. These measures include considering and monitoring if the inmate is being given changes in housing assignments, work assignments or an increase in disciplinary reports. The monitoring of staff includes watching for negative performance reviews or work reassignments. The staff in charge of monitoring retaliation echoed these comments.

Retaliation Monitor Interview

Through the interview process the Retaliation Monitor indicated that retaliation is taken very seriously at the facility. The Retaliation Monitor emphasizes to staff and inmates that they are to speak about PREA without fear of retaliation. It is emphasized that if retaliation does occur, there will be prompt action taken against those responsible for the retaliation. An individual who retaliates will be investigated and disciplined. These sentiments were echoed by the Warden.

Provision (a)

The PAQ indicates the agency has established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. Moreover the agency/facility have designated staff members or departments are charged with monitoring retaliation.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 4, a, indicates 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.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, b, indicates 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.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, c, indicates 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.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, c, i-iii, indicates

- i. 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.
- ii. This monitoring will include negative performance reviews or reassignments of staff members. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each employee monitored. The original shall be kept in a master file by the monitor.
- iii. Such monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The obligation for monitoring will terminate if the Allegation is Unfounded.

According to the PAQ, a member of the SART team has been identified as the individual who is primarily responsible for monitoring retaliation.

Provision (b)

The PAQ indicates the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, b, indicates 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.

Provision (c)

The PAQ Indicates the agency/facility monitors the conduct or treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, c, indicates 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.

According to the PAQ, the facility monitors retaliation for a period of 90 days, unless further monitoring is needed. The PAQ also indicated, facility had zero instances of retaliation in the past twelve months.

Provision (d)

The PAQ indicates in the case of inmates, this monitoring also includes periodic status checks.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, c, i-iii, indicates:

- i. 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.
- ii. This monitoring will include negative performance reviews or reassignments of staff members. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each employee monitored. The original shall be kept in a master file by the monitor.
- iii. Such monitoring shall continue beyond 90 days if the initial monitoring

indicates a continuing need. The obligation for monitoring will terminate if the Allegation is Unfounded.

Provision (e)

The PAQ indicates if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency/facility take appropriate measures to protect that individual against retaliation

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency/facility shall respond appropriately to protect that individual against retaliation.

Provision (f)

The PAQ indicates the facility's obligation to monitor terminates if the agency determines the allegation is unfounded.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates if the investigation determines the allegation to be unfounded, the monitoring shall be discontinued.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding agency protection against retaliation.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Documents Reviewed</u> <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

Warden Interview

During the interview process the Warden confirmed the abuser or victim can be moved to another facility if needed. Further inmates are allowed to participate in programs, education, and work while being housed in segregation for protection as a sexual abuse victim, consistent with safety and security needs.

Classification Staff Interview

During the interview process classification staff indicated there are multiple housing options available and therefore a sexual abuse victim is not automatically placed in segregation for his protection. Other alternatives are always explored, and segregation is utilized as a last resort.

Provision (a)

According to the PAQ, the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from abusers.

According to the PAQ, zero inmates who alleged to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, 8, a-d, indicates.

offenders at elevated risk for sexual victimization or aggression shall not be placed in involuntary segregation based solely on that determination unless a determination has been made that there is no available alternative means of separation from abusers. This placement, including the concern for the offender's safety, must be noted in SCRIBE case notes with documentation of why no alternative means of separation can be arranged.

- a. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation.
- b. The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.
- c. If offenders placed in segregated housing for this purpose have restricted access to programs, privileges, education, or work opportunities, then the facility shall document: 1) the opportunities that have been limited, 2) the duration of the limitation, and 3) the reasons for such limitations.
- d. Every 30 days, the facility shall conduct and document a review for each such offender to determine whether there is a continuing need for separation

from the general population.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding post allegation protective custody.

115.71 Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed

- Pre-Audit Questionnaire and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

Investigative Staff Interview

During the interview process the investigator indicated:

1. Investigations begin immediately following notification of the incident. The same protocols are used regardless of how the incident is reported, whether it is in person, telephonically, verbally, third party, by mail or anonymously.
2. Confirmed attendance at the required training sessions. The Auditor reviewed the investigators training records and verified attendance and participation in all mandated training.
3. All investigations follow the same investigative format. Interviews are conducted with the victim first, then any witnesses, leaving the perpetrator for last. Protocol varies slightly if it is an alleged sexual harassment rather than an alleged sexual assault or sexual abuse.
4. If it is an alleged sexual assault or sexual abuse incident, the victim is met at the dedicated SAFE/SANE location if applicable. Except in the cases where the SAFE/SANE team collects the evidence, the investigator collects and secures all evidence.
5. Investigative staff are trained in evidence collection. The Auditor reviewed training records, which provided confirmation.
6. When the evidence appears to support a criminal act that has been committed, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an

obstacle for subsequent criminal prosecution. The OPS-Criminal Division confirmed if the case appears to be criminal Miranda warnings are given to the person(s)

7. The credibility of anyone involved in the investigation is determined through the investigative process. Everyone is treated as credible and truthful unless the investigation proves otherwise.
8. Polygraph is not used in the investigative process of PREA cases.
9. In administrative investigations the evidence is followed as the investigation unfolds. In following the evidence, an attempt is made to determine if staff actions or failure to act contributed to the allegation. All findings are summarized in the investigative report.
10. If the investigation uncovers evidence that a crime has been committed, the allegation is investigated by the OPS-Criminal Division
11. Confirmed that if a principle (victim or abuser) is released or terminated from the agency, it in no way alters the investigation. The investigation continues to its natural end regardless of the employment or residence of the individuals involved.
12. Confirmed the facilities cooperate with the OPS-Criminal Division and endeavor to keep the facility informed of the progress of the investigation.

Provision (a)

The PAQ indicates the GDC has a policy related to criminal and administrative investigations.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates investigations of sexual abuse threatened sexual abuse, and sexual harassment shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Provision (b)

The PAQ indicates where sexual abuse is alleged, the agency uses investigators who have received specialized training in sexual abuse investigations.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan.

Provision (c)

The PAQ indicates investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available

electronic monitoring data. Investigators interview alleged victims, suspected perpetrators, and witnesses. Investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 32, 9, indicates all allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Provision (d)

The PAQ indicates when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 32, 10, indicates substantiated allegations of conduct that are deemed criminal shall be referred for prosecution if there is enough evidence to prosecute.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 32, 11, indicates all Sexual Abuse and Sexual Harassment investigations shall be prompt, thorough, and objective.

Provision (e)

The PAQ indicates agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff. The agency investigates allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 31, 8, c, indicates 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. An offender who alleges Sexual Abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Provision (f)

The PAQ indicates administrative investigations include an effort to determine

whether staff actions or failures to act contributed to the abuse. And administrative investigations document in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates staff shall document the description of physical and testimonial evidence in the body of the report, the reasoning behind credibility assessment, and investigative facts and findings. Furthermore, whether information regarding staff action or inaction that may have contributed to the alleged abuse shall be included in the investigative report.

Provision (g)

The PAQ indicates criminal investigations are 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 possible.

See provision (d) for more information on criminal investigations.

When asked about handling criminal investigation, the investigative staff reported all steps are thoroughly documented, including investigative steps, interviews, facts, and findings, up until the point the allegation is determined to be criminal in nature. When the incident rises to the level of criminal prosecution, everything is immediately turned over to the OPS-Criminal Division.

Provision (h)

According to the PAQ, in the past twelve months there were zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

Provision (i)

The PAQ indicates the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates the following:

- i. if the alleged abuser is incarcerated or employed by the Department, plus five years; or,
- ii. as long as required by State records retention policies; or,
- iii. as required by a litigation hold notice, whichever is longer.

Provision (j)

The PAQ indicates the agency ensures that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates the departure of the alleged assailant or victim from employment or custody of the GDC shall not be the basis for terminating an investigation.

Provision (k)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates in part the evidence protocol and forensic medical examinations shall also apply to:

any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

Provision (l)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates an outside agency is not charge of PREA investigations. Investigations are all completed by the SART team.

Conclusions:

Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding criminal and administrative agency investigations.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Documentation Reviewed</u> <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• Georgia Department of Correction (GDC), Standard Operating Procedures

(SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

Investigative Staff Interview

Through the interview process investigative staff relayed that:

- During an investigation, all available evidence is collected (from the victim, from the perpetrator, from the scene; interviews; etc.).
- The GDC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Provision (a)

The PAQ Indicates 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.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 30, G, 5, indicates no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding evidentiary standard for administrative investigations.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures

(SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 3, GDC PREA Disposition Offender Notification Form.

Investigative Staff Interview

During the interview process investigative staff indicated the last step of the investigation process takes place after all findings have been determined. At the conclusion of any PREA investigation the investigator drafts an investigative report and details of how the decision was made regarding the outcome. This report is provided to the facility. The facility is then responsible for notifying the inmate of the outcome of the investigation.

Provision (a)

The PAQ indicates the agency has a policy requiring that any inmate who alleges suffering sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.

The PAQ indicates there were thirty-two criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. Each of these thirty-two inmates were notified via SOP 208.60 Attachment 3, of the outcome of the investigation.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 33, G, 17, indicates 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. 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.

Provision (b)

The PAQ indicated the facility had zero criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by an outside agency in the past twelve months. One sexual abuse allegation was referred to OPS-Criminal Division but after investigation prosecution was declined.

The agency/facility is responsible for conducting all administrative and criminal

investigations of PREA allegations.

Provision (c)

The PAQ indicates there has not been a substantiated or unsubstantiated complaint of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months.

As previously stated in provision (a), upon completion of this investigation, the facility will also be responsible for notifying the inmate(s) regarding the outcome of the investigation. This notification is completed via SOP 208.06, attachment 3, GDC PREA Disposition Offender Notification Form.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility shall subsequently inform the inmate (unless the allegation has been determined to be unfounded or unsubstantiated) whenever:

- the staff member is no longer in the inmate's housing unit;
- the staff member is no longer employed at the facility;
- the department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or
- the department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Provision (d)

As is the case in provision (c) with a staff-on-inmate allegation, when there is an inmate-on-inmate allegation, the victim will be notified when:

- the alleged assailant has been indicted on a charge related to sexual abuse within the unit; or
- the alleged assailant has been convicted on a charge related to sexual abuse within the unit.

Provision (e)

The PAQ indicates in the past 12 months 32 inmates were provided notification of the outcome of sexual abuse investigations and 20 inmates were provided notification of sexual harassment notifications.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 indicates the requirement to provide offender notification shall terminate if the offender is released from the custody of the CDOC.

Provision (f)

Auditors are not required to audit this provision.

	<p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding reporting to inmates.</p>
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documentation Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>PREA Coordinator (PC) Interview</u></p> <p>Through the interview process the PC indicated all staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment or sexual misconduct policies. According to the PC in the past twelve months, there were zero staff who have violated agency sexual abuse or sexual harassment or sexual misconduct policies. Further the PC confirmed the presumptive disciplinary sanction for staff who have engaged in sexual abuse is termination.</p> <p><u>Warden Interview</u></p> <p>Through the interview process the Warden confirmed during the previous twelve months there had been zero terminations or resignations of staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.</p> <p><u>Provision (a)</u></p> <p>The PAQ Indicates facility staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 33, H, 1, a, indicates 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</p>

prosecution when appropriate.

Provision (b)

The PAQ indicates In the past 12 months, there were zero staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 33, H, 1, a, in part says termination is the presumptive disciplinary sanction for staff that have been found to have engaged in sexual abuse.

Provision (c)

The PAQ indicates in the past 12 months there were zero staff from the facility who were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 33, H, 1, b, indicates 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.

Provision (d)

The PAQ indicates in the past 12 months there were zero staff members from the facility that was reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 1, c, indicates 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 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).

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding disciplinary sanctions for staff.

115.77	Corrective action for contractors and volunteers
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <hr/> <p data-bbox="256 340 667 374"><u>Documentation Reviewed</u></p> <ul data-bbox="331 443 1437 645" style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p data-bbox="256 685 544 719"><u>Warden Interview</u></p> <p data-bbox="256 757 1437 958">During the interview process the Warden acknowledged during the previous twelve months there had been zero contractors or volunteers reported to law enforcement agencies and/or relevant licensing bodies for engaging in sexual abuse of inmates. Further there had been zero volunteers or contractors reported to law enforcement for engaging in sexual abuse of inmates.</p> <p data-bbox="256 999 464 1032"><u>Provision (a)</u></p> <p data-bbox="256 1070 1477 1227">According to the PAQ, agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Further any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.</p> <p data-bbox="256 1234 1445 1435">However, in the past twelve months zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. Additionally in the past twelve months zero contractors or volunteers were reported to law enforcement for engaging in sexual abuse of inmates.</p> <p data-bbox="256 1473 1477 1843">Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, 2, indicates 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.</p> <p data-bbox="256 1883 464 1917"><u>Provision (b)</u></p> <p data-bbox="256 1955 1453 2067">According to the PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p>

	<p>According to the PAQ the facility has had no remedial measures against a contractor or volunteer to prohibit further contact with inmates due to a violation of agency sexual abuse or harassment policies, in the past twelve months.</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding corrective action for contractors and volunteers.</p>
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115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>Documentation Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>PREA Coordinator (PC) Interview</u></p> <p>Through the interview process the PC indicated the GDC prohibits sexual activity between inmates.</p> <p><u>PREA Compliance Manager (PCM) Interview</u></p> <p>Through the interview process the PCM indicated there were zero administrative findings of inmate-on-inmate sexual abuse that occurred at the facility in the past twelve months. Consequently, there were zero criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility.</p> <p>Through the interview process, the PCM indicated they discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Additionally, they prohibit disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred,</p> <p><u>Provision (a)</u></p> <p>According to the PAQ:</p> <ul style="list-style-type: none"> • Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate

engaged in inmate-on-inmate sexual abuse.

- Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.
- In the past 12 months, there were one administrative finding of inmate-on-inmate sexual abuse that occurred at the facility.
- In the past 12 months, there were zero criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 3, a, indicates 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. Note: All instances of sexual contact between offenders will be treated as non-consensual unless proven otherwise during an investigation.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 3, b, indicates 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 sexual abuse. These sanctions shall be imposed in accordance with SOP 209.01, Offender Discipline.

Provision (b)

The PAQ indicates sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 35, H, 3, c, indicates 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.

Provision (c)

The PAQ indicates when determining what types of sanction, if any, should be imposed, the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP),

Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 35, H, 3, d, indicates 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.

Provision (d)

The PAQ indicates the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 35, H, 3, e, indicates 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.

Provision (e)

The PAQ indicates the agency disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 35, H, 3, f, indicates 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.

Provision (f)

The PAQ indicates the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 35, H, 3, g, indicates 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.

Provision (g)

	<p>The PAQ indicates the agency prohibits all sexual activity between inmates.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 3, a, indicates 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. Note: All instances of sexual contact between offenders will be treated as non-consensual unless proven otherwise during an investigation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding disciplinary sanctions for inmates.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Reference Number: VH82-0001, Informed Consent, effective date 4/01/02 <p><u>Risk Screening Staff Interview</u></p> <p>Through the interview process staff who conduct intake screenings confirmed all medical and mental health records are contained in a separate and secure database. This database is accessed only through medical or mental health staff, and information is only provided to classification and high-level staff on a need-to-know basis.</p> <p><u>Intake Staff Interview</u></p> <p>Through the interview process, intake staff as well as medical and mental health staff indicated inmates are offered a follow-up meeting with a mental health professional,</p>

within 14-days of intake. If the screening indicates the inmate is at substantial risk for victimization, aggressiveness or has a history of victimization.

Provision (a)

The PAQ reflects in the past twelve months, zero inmates disclosed prior victimization during risk screening.

According to the PAQ all offenders who arrive at the facility are seen by mental health and a screening is completed within 24 hours of their arrival. If additional follow up screenings are deemed necessary, the mental health professionals schedule additional meetings.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 7, indicates 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.

During the documentation review, the Auditor discovered all mental health referrals were timely made.

Provision (b)

The PAQ reflects in the past twelve months, zero inmates reported previous perpetrator.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 7, indicates 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.

Provision (c)

The PAQ indicates if the screening reveals that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening

During the documentation review, the Auditor discovered all mental health referrals were timely made. All accepted referrals were evaluated within the appropriate time frame.

Provision (d)

The PAQ indicates the facility limits information obtained in intake screening relating to sexual abuse to those who need to make management, security, or treatment plan decisions.

The PAQ indicates reports of victimization within GDC custody are forwarded to SART for investigation.

Provision (e)

The PAQ indicates medical and mental health professionals obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Reference Number: VH82-0001, Informed Consent, effective date 4/01/02, p. 3, VI, A, 1-4, indicates:

1. Upon entry to the Georgia Department of Corrections (GDC) inmate/probationers will be asked to read and sign a general informed consent document. This document will serve as consent to perform noninvasive examinations, procedures, and treatments (i.e., physical examinations and lab work) until the inmate/probationer's release from GDC. Form P82- 0001.01 is the English version and form P82-0001.02 is the Spanish version.
2. Inmate/probationers unable to speak, read or write English or Spanish (i.e., blind, deaf, mute, non-English or non-Spanish speaking persons, etc.) will have the consent read and explained in language that they understand.
3. The signed consent form will be filed in the consent section of the health record.
4. Subsequent to signing the General Consent for Medical Treatment Form, the inmate/probationer's agreement to any examination, treatment, or procedure following an explanation will serve as an implied consent.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding medical and mental health screenings, history of sexual abuse.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>Documentation Reviewed</u>

- Pre-Audit Questionnaire and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

Medical and Mental Health Staff Interviews

Through the interview process medical and mental health staff reported treatment is provided immediately and is based on their professional judgment. Medical and mental health staff work together to ensure the inmate receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Through the interview process, medical staff reported that upon arriving at medical after a report of sexual assault, an inmate will get a cursory examination by the physician to provide feedback for use of SART or if the inmate should be immediately transported to a hospital due to the nature of his injuries. If the SART is utilized, before leaving the facility, the nurse will provide 'recommendations' for treatment and care. The facility physician will complete the orders. As part of the process, the inmate receives information about sexually transmitted infection prophylaxis and other necessary care information.

Provision (a)

According to the PAQ, inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, I, indicates 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 reviewed records of inmates who alleged sexual abuse and in each case the inmate was referred to medical and mental health well within the appropriate time.

Provision (b)

The PAQ indicates if no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, security staff first responders take preliminary steps to protect the victim. Then immediately notify the appropriate medical and mental health practitioners.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior

Prevention and Intervention Program, effective date 6/23/2022, p. 36, I, indicates 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.

Provision (c)

The PAQ indicates inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, indicates offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate.

As previously stated, medical and mental health staff reported treatment is provided immediately and is based on their professional judgment. Medical and mental health staff work together to ensure the inmate receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Provision (d)

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

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 16, B, c, indicates treatment services shall be provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding access to emergency medical and mental health services.

115.83

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed

- Pre-Audit Questionnaire and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective date 5/3/2018

Medical and Mental Health Staff Interviews

During the interview process medical and mental health staff indicated; Treatment is provided immediately and is based on their professional judgment.

Medical and mental health staff work together to ensure the inmate receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Further medical and mental health staff support compliance in evaluation, follow-up, treatment plans and referral services. The statement of medical and mental health staff indicates an active understanding of the importance of appropriate evaluation, follow-up, treatment planning and service referral.

PREA Compliance Manager (PCM) Interview

During the interview process, the PCM indicated all treatment services are provided to alleged victims without financial cost, regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

Provision (a)

The PAQ indicates the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective date 5/3/2018, pp.3-4, 3, indicates 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. This is NOT an investigation but a clinical evaluation. The mental health

staff person who performs the initial evaluation will not participate in the investigation process, to include documentation of witness statements or incident reports, unless the staff member directly witnessed the alleged violation. Mental health staff will not be involved in determining guilt or innocence, truth or falsehood. Staff will make no judgment regarding whether the reported incident occurred or not but will refer the person for an appropriate mental health evaluation, treatment, and interventions as clinically indicated.

The Auditor reviewed records, produced by the facility, documenting the community standard of care, the evidence of sexually transmitted Infection testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention. These services are free of charge to inmates regardless of whether the abuser is named or whether the inmate cooperates with an investigation.

Provision (b)

The PAQ indicates 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.

As stated in provision (a) the evaluation and treatment of such victims shall include as appropriate, follow-up services, and, when necessary, referrals for continued care following a transfer to, or placement in, another facility, or a release from custody.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates the evaluation and treatment of such offender victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in other units or their release from custody.

Documentation and records reviewed supported attentiveness to follow-up services and treatment plans. The files demonstrated detailed and professional notes on the evaluations conducted by medical and mental health staff and their follow-up appointments with inmates. Follow-up consisted of routine inmate visits with medical and mental health staff.

Provision (c)

The PAQ indicates the facility provides victims with medical and mental health services consistent with the community level of care.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates offender victims shall be provided medical and mental health services consistent with the community level of care.

Provision (d)

N/A – Facility is an all-male facility.

Provision (e)

N/A – Facility is an all-male facility.

Provision (f)

The PAQ indicates inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, mandates that offenders who become victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate and in accordance with CMHC policies.

Provision (g)

The PAQ indicates treatment services are 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.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 16, B, c, indicates in part, treatment services are provided to alleged victims without financial cost, regardless of whether the victim names the abuser or cooperated with any investigation arising out of the incident.

Provision (h)

The PAQ indicates the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 7, indicates 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.

Conclusion:

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding ongoing medical and mental health care for sexual abuse victims.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion**Documents Reviewed:**

- Pre-Audit Questionnaire and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 9, Sexual Abuse Incident Review Checklist

Warden Interview

During the interview process the Warden confirmed the members of the Incident Review Team. The Warden expressed the facility's commitment to consider and incorporate recommendations from team members.

PREA Compliance Manager (PCM) Interview

During the interview process the PCM indicated the report from the Sexual Abuse Incident Review team is submitted to the PCM and the Warden. Additionally, the team confirmed they would meet within thirty days of the end of the investigation.

Incident Review Team (IRT) Interview

Members of the IRT included upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners

Members of the sexual abuse incident review team indicated the team considers all criteria listed in this standard, as required by PREA policy. The report from the Sexual Abuse Incident Review team is submitted to the Warden and the PCM.

Provision (a)

The PAQ indicates that in the past twelve months there were twenty-four criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, J, 1, indicates 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.

Provision (b)

The PAQ indicates in the past twelve months, there were twenty-four criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 9, Sexual Abuse Incident Review Checklist, is the form the Sexual Abuse Incident Review Team uses to document their reviews.

Provision (c)

The PAQ indicates the review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. Adding the Warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review. An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review.

Provision (d)

The PAQ indicates the facility prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates 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.

Provision (e)

The PAQ indicates the facility implements the recommendations of the sexual abuse incident review team, for improvement or documents its reasons for not doing so.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The Warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review. The review team shall include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners; and the unit shall implement recommendations that result from the review or document the reasons for not doing so. Approval for any improvements must receive approval from the GDC.

Conclusion

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding sexual abuse incident reviews.

115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>Documentation Reviewed:</u></p> <ul style="list-style-type: none">• Pre-Audit Questionnaire and supporting documentation.• Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>PREA Coordinator (PC) Interview</u></p> <p>Through the interview process the PC indicated upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30th.</p> <p><u>PREA Compliance Manager (PCM) Interview</u></p>

Through the interview process the PCM indicated the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Provision (a)

The PAQ indicates the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, 2, a, indicates 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 in this report along with the appropriate disposition. The monthly report shall be completed in accordance with the Facility PREA Log User Guide.

Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, 2, b, indicates in addition to the electronic spreadsheet (see section 2.a above), each facility shall submit a copy of Attachment 9, Sexual Abuse Incident Review Checklists from each SAIRT meeting held that month. These forms shall be submitted by e-mail no later than the third calendar day of the month following the reporting month.

Provision (b)

According to the PAQ, the agency aggregates incident-based sexual abuse data at least annually.

Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 37, 2, c, indicates 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.

Provision (c)

According to the PAQ the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP),

Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 36-37 J, indicates the annual report shall be forwarded to the U.S. Department of Justice (Bureau of Justice Statistics). Upon request by the Department of Justice, the Department shall also provide all such data for the previous calendar year.

Provision (d)

According to the PAQ the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews.

Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, 2, a, indicates 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 in this report along with the appropriate disposition. The monthly report shall be completed in accordance with the Facility PREA Log User Guide.

Provision (e)

According to the PAQ the agency obtains incident based and aggregated data from every private facility with which it contracts for the confinement of its inmates.

Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 36-37, J, indicates This report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The report shall be approved by the Commissioner and be made readily available to the public through the Department's website. Prior to being made publicly available, information that would present a safety and security threat if made public can be redacted from the report with an explanation as to the nature of the redacted information.

Provision (f)

According to the PAQ the agency provides the Department of Justice with data from the previous calendar year upon request.

Conclusion

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding Data Collection.

115.88	Data review for corrective action
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 564 378">Documents Reviewed</p> <ul data-bbox="331 445 1437 815" style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Most Recent Survey of Sexual Victimization (Form SSV-2) • Most Recent PREA Annual Data Report • Website Address for GDC http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA <p data-bbox="256 853 778 887"><u>PREA Coordinator (PC) Interview</u></p> <p data-bbox="256 925 1453 1167">Through the interview process, the PC indicated the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. The PC continued by stating that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.</p> <p data-bbox="256 1205 544 1238"><u>Warden Interview</u></p> <p data-bbox="256 1276 1469 1391">Through the interview process, the Warden acknowledged the facility PREA committee reviews each allegation, and that information is provided to the PC for the annual review.</p> <p data-bbox="256 1429 464 1462"><u>Provision (a)</u></p> <p data-bbox="256 1500 1414 1615">The PAQ indicates the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:</p> <ul data-bbox="256 1630 1430 1789" style="list-style-type: none"> • Identifying problem areas; • Taking corrective action on an ongoing basis; and • Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole <p data-bbox="256 1827 1469 2069">Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates the PC shall review data collected to assess and improve the effectiveness of appropriate GDC policies and procedures. The PC shall prepare a report on each institution for the Commissioner identifying problem areas, suggesting corrective action, and providing</p>

	<p>comparisons from the previous year’s data reports.</p> <p><u>Provision (b)</u></p> <p>The PAQ indicates the annual report includes a comparison of the current year's data and corrective actions with those from prior years.</p> <p>The Auditor reviewed the most recent PREA annual report and found it to follow the PREA standards, including a comparison to the findings in previous reports to assess progress in addressing sexual abuse. This annual report can be located at http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA</p> <p><u>Provision (c)</u></p> <p>The PAQ indicates the agency makes its annual report readily available to the public at least annually through its website.</p> <p>As required by standard, the GDC places all annual reports on its website, accessible for public view. http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA allows access to the GDC PREA webpage, which contains each annual report.</p> <p><u>Provision (d)</u></p> <p>The PAQ indicates when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p>The PC indicated that the agency reviews data collected pursuant to 115.87 while only redacting personal identifying information. All other information is included in the annual report.</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding data review for corrective action.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents Reviewed</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually

Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022

PREA Coordinator (PC) Interview

During the interview process the PC indicated the facility/agency retains data in secure locations. At the local level, data is retained within a local Risk Management System and access to the system is limited to those staff with a need to know. Additional data is retained at the Agency level as required for completion of the SSV-2, and within the GDC website for public access.

During the interview process the PC indicated the agency reviews data collected pursuant to 115.87, and that the only information redacted from the agency report is personal identifying information.

Provision (a)

The agency ensures incident-based and aggregate data is securely retained.

Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

Provision (b)

The agency PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

Provision (c)

The agency report reviewed by the Auditor met PREA compliance standards.

Provision (d)

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 39, B, indicates criminal investigation data, files, and related documentation - for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years; or ten (10) years from the date of the initial report, whichever is greater.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 39, C, indicates administrative investigation data, files, and related documentation - for as long as the alleged abuser is incarcerated or employed by the agency, plus five years; or ten years from the date of the initial report, whichever is greater.

	<p>The Auditor reviewed data from previous years, as required by the PREA compliance standard. Reports were thorough and posted as mandated.</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding data storage, publication, and destruction.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Documents Reviewed:</u></p> <ul style="list-style-type: none"> • Georgia Department of Corrections publicly accessible website: http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA <p><u>PREA Coordinator (PC) Interviews</u></p> <p>During the interview process the PC indicated this audit was in the second year of the new current three-year audit cycle. GDC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.</p> <p>The PC reported each facility within the GDC had been audited within the previous three-year audit cycle (2019 2022).</p> <p><u>Inmate Interviews</u></p> <p>Through the interview process all inmates reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p><u>Provision (a)</u></p> <p>The current audit cycle is 2022 - 2025. Copies of all audit reports are on the GDC website for public information and review. GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA</p> <p><u>Provision (b)</u></p> <p>The Auditor learned this audit was in the second year of the new current three-year audit cycle. GDC webpage provides multiple reports relative to sexual abuse data</p>

from the various facilities in accordance with PREA standards.

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)

N/A

Provision (h)

During the on-site portion of the audit, the Auditor had complete, unimpeded access to every area of the facility. Throughout the on-site portion of the audit agency and facility staff were available to accompany the auditor and give her complete access to any part of the facility she requested to see.

Provision (i)

At all times throughout the audit process, GDC and the facility provided the Auditor with all requested information in a timely and complete manner.

Provision (j)

N/A

Provision (k)

N/A

Provision (l)

N/A

Provision (m)

The Auditor was provided with a secure, private space to conduct all interviews during the on-site portion of the audit.

Provision (n)

Through the interview process all inmates reported they were provided the

	<p>opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p><u>Provision (o)</u></p> <p>N/A</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding frequency and scope of audits.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents Reviewed:</u></p> <ul style="list-style-type: none"> • Georgia Department of Corrections publicly accessible website: http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA <p><u>Provision (f)</u></p> <p>The GDC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: Georgia Department of Corrections publicly accessible website: http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding audit contents and findings.</p>

Appendix: Provision Findings		
115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes
115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	no

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	na

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	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 inmate 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
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b) Reporting to inmates		
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na
115.73 (c) Reporting to inmates		
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d) Reporting to inmates		
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

(f)		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes