

PREA Facility Audit Report: Final

Name of Facility: Bleckley Probation Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/14/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Cynthia Swier

Date of Signature: 11/14/2025

AUDITOR INFORMATION

Auditor name: Swier, Cynthia

Email: swierconsultants@gmail.com

Start Date of On-Site Audit: 10/06/2025

End Date of On-Site Audit: 10/08/2025

FACILITY INFORMATION

Facility name: Bleckley Probation Detention Center

Facility physical address: 179 Jac Arts Road, Cochran, Georgia - 31014

Facility mailing address: 519 Old Midville Road Louisville Ga. 30434, Louisville,

Primary Contact

Name:	Doreen Curtis
Email Address:	doreen.curtis@gdc.ga.gov
Telephone Number:	4782413577

Warden/Jail Administrator/Sheriff/Director	
Name:	Lisa Thompson
Email Address:	Lisa.Thompson@gdc.ga.gov
Telephone Number:	4789656723

Facility PREA Compliance Manager	
Name:	Doreen Curtis
Email Address:	doreen.curtis@gdc.ga.gov
Telephone Number:	478-763-2400
Name:	Schuvonda Davis
Email Address:	schuvonda.davis@gdc.ga.gov
Telephone Number:	478-231-7265

Facility Health Service Administrator On-site	
Name:	Sherri DeNeuf
Email Address:	Sdenef@teamcenturion.com
Telephone Number:	4789343005

Facility Characteristics	
Designed facility capacity:	200
Current population of facility:	200
Average daily population for the past 12 months:	200

Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	19-75
Facility security levels/inmate custody levels:	medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	35
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	11
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	4

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
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Agency Chief Executive Officer Information:	
Name:	Tyrone Oliver
Email Address:	tyrone.oliver@gdc.ga.gov
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Bennett Kight	Email Address:	bennett.kight@gdc.ga.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
4	• 115.16 - Inmates with disabilities and inmates who are limited English proficient • 115.17 - Hiring and promotion decisions • 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

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-10-06
2. End date of the onsite portion of the audit:	2025-10-08

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?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The PREA Hotline number The Third Party Reporting email on the GDC website. The Office of the Ombudsman

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	200
15. Average daily population for the past 12 months:	200
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☒ No ☐ 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**

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	237
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

31. 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:	0
32. 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:	0
33. 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:	29
34. 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
35. 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):	This facility is a residential substance abuse treatment facility. Many of the categories for physical disabilities were not represented at this facility. LGB inmates are not tracked since there is not an obligation to disclose this. One inmate interviewed by the auditor advised that he was Bisexual. Others that were asked by the auditor during the interviews, indicated that they were straight. There were no allegations or investigations of sexual abuse at the facility during the previous 12 months, therefore, there were no inmates in this category to be interviewed. There were no inmates in segregation who were deemed to be at risk of sexual victimization. The auditor interviewed an inmate in segregation who was housed there for disciplinary reasons.

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

36. 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:	20
37. 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:	0
38. 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:	21
39. 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:	There were no volunteers at the facility during the first day of the audit or the duration of the audit. None of these volunteers were able to be interviewed by the auditor. The Residential Substance Abuse Treatment is conducted by contracted staff from Gateway Health Systems. Medical and Mental Health staff are contracted staff from Wellpath.

INTERVIEWS**Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
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41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor randomly selected inmates by selecting the 10th person on each of the housing unit rosters and then the 10th from the last person on the list. Two additional random inmates were selected to meet the 10 inmate requirement for inmate interviews based on the population of the facility on the first day of the audit.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No
44. 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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	16

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".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:

0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

☒ 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.

☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).

Medical was contacted and advised that there were no inmates with physical disabilities at the facility as of the dates of the on-site audit. The auditor also inquired of staff and made observations that verified the information from medical staff.

48. 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

49. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Medical was contacted and advised that there were no inmates with who were blind or with low vision at the facility as of the dates of the on-site audit. The auditor also inquired of staff and made observations that verified the information from medical staff.
50. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	Medical was contacted and advised that there were no inmates who were deaf or hard of hearing at the facility as of the dates of the on-site audit. The auditor also inquired of staff and made observations that verified the information from medical staff.

51. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The auditor conferred with staff who stated that they did not know of any inmates at the facility who were LEP.
52. 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:	1
53. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

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).	Medical was contacted and advised that there were no inmates who were transgender at the facility as of the dates of the on-site audit. The auditor also inquired of staff and made observations that verified the information from medical staff.
54. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	There were no investigations for sexual abuse at the facility during the previous 12 months. This was verified by the PCM, staff and the facility investigator and Superintendent.
55. 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:	12

56. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ 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. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
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).	The facility does not house inmates in segregation for this reason.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	13
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No

65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☒ Yes ☐ No ☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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

	☒ Other
If "Other," provide additional specialized staff roles interviewed:	The following staff were also interviewed: ACA coordinator DR investigator mailroom officer food service manager file clerk commissary counselor
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☐ Yes ☒ No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☒ Medical/dental ☐ Food service ☐ Maintenance/construction ☒ Other

70. Provide any additional comments regarding selecting or interviewing specialized staff.	This is a small facility and many staff perform more than one role. Based on this, some of the staff were interviewed with more than one interview protocol. The criminal investigator is not assigned to this facility on a daily basis and was not at the facility during the on-site audit and was, therefore, unable to be interviewed by the auditor. The facility does not house youthful inmates, therefore, there were no staff who supervise youthful inmates or education / program staff who work with youthful inmates to be interviewed. Non-medical staff do not perform cross gender strip searches, therefore, there were no staff in this category to be interviewed. SANE exams are performed at the local hospital, therefore, these staff were unable to be interviewed.
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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.

71. Did you have access to all areas of the facility?	☒ Yes ☐ No
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Was the site review an active, inquiring process that included the following:

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

☒ Yes
☐ No

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

☒ Yes
☐ No

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

☒ Yes
☐ No

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

☒ Yes
☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

The auditor conducted informal interviews of staff and inmates during the site review and during the course of the on-site audit. Tests of critical functions were performed in accordance with the PREA Auditor handbook and the Auditor Compliance Tool.

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.

77. 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

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

83. 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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

a. Explain why you were unable to review any sexual abuse investigation files:

There were no sexual abuse allegations or investigations in the previous 12 months.

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were no sexual harassment investigations in the previous 12 months.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☐ Yes ☐ No ☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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.

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

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

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

☐ Other

Identify the name of the third-party auditing entity

Corrections Consulting Services

Standards	
Auditor Overall Determination Definitions	
- 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	
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.	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire (PAQ) GDOC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Statement of Fact - Zero Tolerance Policy GDOC Agency Level Organization Chart Facility PREA Organizational Chart Memo - PREA Compliance Manager Interviews:

PREA Compliance Manager

PREA Coordinator

Findings (by provision):

115.11 (a): The Georgia Department of Corrections has a policy that mandates zero-tolerance toward all types of sexual abuse and sexual harassment. The Standard Operating Procedure SOP 208.06 contains the bulk of the agency’s sexual abuse policy and information related to the PREA standards. The policy clearly outlines the agency’s zero-tolerance policy and identifies the agency’s approach to the prevention, detection and response to sexual assault incidents in their facility. The agency’s policy provides the definitions for sexual abuse and sexual harassment that are consistent with the prohibited behaviors in the PREA standards. The facility policy addresses the requirement of “Preventing” by establishing a zero-tolerance policy for sexual misconduct. The facility also has also designated a PREA Coordinator who reports directly to the Admin Operations Lieutenant. In addition, the facility conducts criminal backgrounds of both staff, contractors and volunteers and provides PREA education for inmates both through written materials as well as through an information video and signage throughout the facility. The policy addresses the requirement of “Detecting” by requiring training for staff, volunteers and contractors and intake/risk screening of inmates. The policy addresses the requirement of “Responding” by mental health and medical services, investigations, disciplinary action against staff and inmates, sexual abuse and sexual harassment reporting, incident reviews following the investigation, and victim services such as provisions for emotional support during and after investigations. This policy provides for the requirements of the PREA standard and how the agency approaches sexual safety in the facility.

115.11(b): The agency has designated an agency wide PREA Coordinator (PC) who oversees and coordinates the efforts of the agency to comply with Federal PREA standards including development and implementation of policy, staff training and inmate education. The PC coordinates the collection of data and the preparation for each three-year cycle of audits required by the standards. The PC was interviewed and confirmed that she has other responsibilities, but dedicates a majority of her time in oversight of the agency’s efforts to comply with the PREA standards. She has direct access to the Commission in her chain of command and will report PREA issues directly to him. She stated in her interview, that when she encounters any issues that may come up which may put the facility in non-compliance with a PREA standard, she consults with other administrators in the facility to formulate a corrective action plan in order to satisfy the standard.

	115.11(c): In response to the standards, each GDOC facility has assigned a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the standards. This is specified in SOP 208.06, pp. 7-8, the facility Organizational Chart and in the Memo designating the Assistant Superintendent as the facility PREA Compliance Manager. The PCM ensures the facility works to achieve compliance in all areas of the standards. The PCM is responsible for monitoring and providing assistance in areas such as staff training, education, reporting, documentation and investigation of PREA related allegations. This position serves as a member of the incident review team and as a contact for persons outside the agency on issues related to PREA requirements. Based on a review of the facility's Standard Operating Procedure, Memo designating the PREA Compliance Manager, Organization Charts, as well as the interviews with the PC and PCM, this standard is determined to be compliant.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire (PAQ) Private and County Facilities Contracts Interviews: Agency Contract Administrator Findings (by provision): 115.12 (a): The agency does have contracts with other agencies for the confinement of inmates. Currently, the GDOC has twenty-five (25) contracts for the confinement

	of inmates. These contracts require the contracted agencies to adopt and comply with the PREA standards. 115.12 (b): The GDOC requires that the agency monitors the contractor's compliance with PREA standards. The interview with the Agency PC indicated that all of the contracts require that all contractor staff have completed required trainings which includes PREA. Annual site visits are conducted and part of the review criteria includes PREA. In addition, the PC indicated that PREA allegations are immediately addressed upon notice from the contractor. The contractors post the PREA audit certificate and reports to their website upon completion of the audit. The contractor is required to submit the complete audit report to the GDOC. The contractor facilities follow the DOJ 3-year PREA audit cycle. The contract states, "The contractor must subject itself to a Department of Justice (DOJ) PREA Audit at least once every three (3) years beginning August 20, 2013, and will be solely responsible for paying for a PREA audit as required by this contract." Based on the information in the PAQ, a review of the contracts, as well as the interview with the agency Contract Administrator, this standard is determined to be compliant.
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDOC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 GDOC, 208.06, Attachment 11, Facility Staffing Plan PREA Staffing Plan, Bleckley RSAT 2024, 2025 Post Deviations Memo Shift Rosters PREA Rounds in Dorm Logs

Interviews:

Warden (Superintendent)

PREA Compliance Manager

PREA Coordinator

Upper-level Supervisors who conduct unannounced rounds

Informal conversations with staff

Informal conversations with inmates

Observations:

Site review observation of the facility staffing (staff and contractors present including security and non-security)

Staff line of sight (blind spots)

Video Surveillance – capabilities and placement

Findings (by provision):

115.13 (a): The facility provided their staffing plan in the PAQ. The plan includes a review of the inmate population, video monitoring, physical plant and the coverage plan for staff. The Warden (Superintendent) was interviewed and stated that compliance with the staffing plan is checked through regular assessments and audits, comparing planned staffing levels with actual staff on duty. These assessments also include the PCM. The PCM was also interviewed and corroborated that the staffing plan is reviewed regularly. The staffing plan is documented and takes into consideration all requirements under this provision. The staffing plan is predicated on the average daily number of inmates which is 200. During the site review, the auditor observed that adequate staff appeared to be present in housing areas, work, education and other program areas. Cameras and mirrors were observed which serve to augment staffing and provide coverage for monitoring. There were no issues or concerns noted for understaffing, overcrowding or poor line of sight. Informal conversations with staff and inmates indicated that staff regularly make rounds in the housing units and program areas. The auditor also observed the main control room and the camera system viewing capabilities. This area is monitored by security staff who demonstrated the viewing capabilities and the retention capabilities of the camera system.

115.13 (b): The facility notes any deviations from the staffing plan and would document the reasons for the deviations if this were to occur. The PAQ indicated that there were no deviations from the staffing plant. Interviews with the Warden indicated that the facility has a staffing plan and provided copies. All areas of the facility where inmates are housed and work are supervised by staff at all times. The supervisors must abide by the staffing indicated in the post orders and document any changes. Supervisors may require staff to stay over from their regular shifts or call in off duty staff to ensure adequate staffing. The inmates interviewed indicated that the officers make regular rounds and that they have an overall feeling of safety in the facility. Informal conversations with staff indicated that they routinely make rounds and look for incidents or abnormal behavior as well as checking blind spots and areas where inmates regularly congregate.

115.13 (c): The annual staffing plan was provided to the auditor and reviewed. The required factors of the staffing plan were included in the staffing plan. The facility's deployment of video monitoring systems as well as other monitoring systems and the resources the facility has available, ensure adherence to the staffing plan. The PC confirmed in the interview that the staffing plan is reviewed annually and that she has input into assessments and adjustments to the staffing plan.

115.13 (d): The auditor reviewed SOP 208.06 which indicates that immediate-level or higher-level supervisors are required to conduct and document unannounced rounds to identify and deter sexual abuse and sexual harassment. These rounds are conducted by the shift supervisor and are documented in the area log book and by the Duty Officer on the Housing Unit logs and the PREA Rounds tablets. Staff are prohibited from alerting other staff members when the supervisor is conducting their supervisor rounds unless such an announcement is related to the legitimate operational functions of the facility. Interviews with supervisors indicated that rounds are performed at all times of the day and night. These staff stated that rounds are made randomly to prevent staff from alerting other staff that they are conducting rounds. A memo from the Assistant Superintendent specified to staff that no facility staff will be alerted when unannounced rounds are conducted. A review of the documentation in the Housing logs from several dates showed various upper-level supervisors logging in PREA rounds throughout the facility. These rounds were completed at varying times during the day and night and covered all shifts. During the onsite review, the auditor observed staff making rounds in some of the areas of the facility. Informal conversations with these staff reiterated the requirements of the policies and how supervisors conduct these rounds. Informal interviews with inmates indicated that staff, including supervisor staff make regular rounds in the housing units and throughout the facility.

Based on a review of the PAQ, SOP 208.06, the facility staffing plan, the annual staffing plan review, shift post rosters, log books and interviews with the Warden, PC,

	PCM and supervisory staff, informal interviews with supervisor staff and inmates, observations during the site review, and review of the documentation of unannounced rounds and the staffing plan, this standard is determined to be compliant.
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.14 N/A – The facility does not house youthful inmates.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Memos to Staff – from Superintendent GDC, SOP 226.01, Searches, Security Inspections, and Use of Permanent Logs GDC In-service Training Records GDC In-service Lesson Plan Interviews: Random Staff Random Inmates Transgender Inmates – none at the facility as of the dates of the on-site audit

Informal conversations with staff and inmates regarding search procedures, cross-gender viewing, knock and announce procedures, frequency of knock and announce and unannounced rounds conducted by supervisors

Observations:

Site review of the facility – observation of areas used to conduct strip searches, visual body cavity searches and pat-down searches

Areas where inmates shower, change clothes, use toilet

Housing Units

Medical Areas

Intake Cells / Showers / transport holding areas / recreation areas

Mirrors and placement / angle of vision

Electronic Surveillance monitoring capabilities

Methods used to alert inmates of opposite gender staff entering housing area

Notice to Inmates Postings in English and Spanish of male and female staff routinely working and visiting the inmate housing areas

Findings (by provision):

115.15 (a): GDC SOP 208.06 prohibits staff from conducting cross gender strip searched and cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The policy also specifies the requirements for strip searches, body cavity searches and the requirement for documentation of cross-gender searches. The PAQ states that there was no cross-gender strip search conducted at the facility in the past twelve months. Interviews with staff indicates that inmates are strip searched by staff of the same gender as the inmate. Interviews with inmates also indicated that this was the practice. During the site review, observations were made in the intake area of locations for conducting searches of inmates. The staff in this area advised that searches are done by staff of the same gender as the inmate. These searches are conducted in an area that is not visible to other inmates or to staff who are not part of the search. These areas provide privacy to the inmates from staff of the opposite gender as well as from other inmates. Interviews with inmates and staff indicated that cross-gender strip searches are not allowed or conducted.

115.15 (b): GDC SOP 208.06 states that the facility does not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. The memo from the Superintendent regarding this standard states that exigent circumstances must be documented by an Incident Report. GDC SOP 226.01, pp. 5-8 states that female offenders shall be searched by the same sex.

115.15 (c): GDC SOP 208.06 requires the documentation of all cross-gender strip searches, all cross-gender visual body cavity searches and cross-gender pat searches of female inmates. These searches will be documented by an incident report. The PAQ indicated that in the previous 12 months, the facility has had no cross-gender strip searches or body cavity searches.

115.15 (d): GDC SOP 208.06 states that the facility shall implement procedures that enables prisoners 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. Additionally, all staff of the opposite gender of the inmates are required to announce their presence when entering the housing units. The Memo to Staff from the Superintendent specifies this, as well.

Interviews with random inmates and random staff indicated that the inmates have privacy when showering, using the restroom and changing clothes. Interviews also indicated that staff announce their presence when entering the housing units. This announcement was observed by the auditor during the site review. During the site review, the auditor observed in the housing areas that there were curtains on the showers and others had half wall barriers for privacy. Camera footage was reviewed on-site of various housing areas and other areas of the facility. Cameras are placed strategically to allow staff to have security visibility while still ensuring the inmates' privacy. The opposite gender announcement was conducted and the housing unit was staffed by female officers. Posted notices to the inmates were visible in the housing units and stated that male and female staff routinely work and visit inmate housing areas. These postings were in English and Spanish. The showers in these units were observed and offered privacy. Areas in medical were also observed and private exam rooms were observed. Cameras in areas where strip searches or medical exams are performed did not allow for the viewing in the area itself, but only the outside of this area (hallways, etc.).

115.15 (e): GDC SOP 208.06 states that staff are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The PAQ indicated that there have been no searches of this nature within the past twelve months. Interviews with transgender

	inmates indicated that they had not been physically searched to determine their genital status. Interviews with staff indicated that inmates would not be searched to determine the inmate's genital status. This would be referred to medical for handling and through conversations with the inmate. 115.15 (f) Security staff are required to be trained on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. are utilized to train security staff on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner consistent with security needs. This is specified in a memorandum from the Warden. The GDC In-Service Training record was provided which includes a section which addresses this standard. The staff signatures documenting training as well as staff training rosters were also provided. The PAQ indicated that 100% of security staff have received the PREA training. A review of a random sample of training records indicated that staff have received this training. Based on a review of the PAQ, GDC SOP 208.06, SOP 226.01, the Memos from the Superintendent, GDC In-Service training records, observations made during the site review to include the opposite gender announcements, signage for knock and announce, privacy signage, privacy barriers, shower curtains, half walls in toilet and shower areas, the intake and medical areas, video surveillance, as well as information from interviews with inmates and staff, this standard is determined to be compliant.
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115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Memo from Superintendent PREA Information Offender Guide / English and Spanish

Interpreting, CART and Translation Services

LanguageLine Translation Services User Guide

PREA Training - Staff Signatures

Interviews:

Agency Head

Inmates with Disabilities – (none at the facility)

Limited English Proficient (LEP) Inmates (none at the facility during the dates of the on-site audit)

Observations:

PREA Informational Signage

Findings:

115.16 (a): GDC SOP 208.06 outlines the procedures which 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. Inmates who are blind, low vision or who have cognitive disabilities will be read the PREA information by staff and inmates who are deaf would be provided material they can read. The PREA video shown to inmates is in English and Spanish and also has closed captioning. Almost all inmates interviewed mentioned this video. The facility also has a contract with LanguageLine Translation Interpreting which will translate languages for inmates who are limited English proficient as well as provide Video Relay Interpretation services for inmates who are hard of hearing and ASL services for inmates who are deaf. There were no inmates at the facility as of the dates of the on-site audit who were blind, LEP, deaf, hard of hearing, physically disabled or with cognitive disabilities. A review of the inmate files indicated that they all received PREA information in a format they could understand.

PREA signage was posted throughout the facility in English and Spanish. A PREA information pamphlet is provided to inmates during the booking process. This pamphlet is in English and Spanish. The PREA Offender Brochure is also in English and Spanish and is given to the inmates during the booking process. Documentation

of electronic staff signatures was reviewed by the auditor which documents the PREA staff training for compliant practices for inmates with disabilities. The interview with the Agency Head indicated that the agency ensures that communication and accessibility needs are met, enabling all inmates to fully engage in sexual abuse and harassment prevention and reporting efforts and access support and resources without discrimination. The Agency Head also verified that the agency has contracts with interpreter services.

115.16 (b): GDC 208.06 addresses the policy to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately and impartially. Procedure 208.06 Attachment 17 and 18 PREA Offender Brochure in English and Spanish are also provided to the inmate population upon intake. The facility has a contract with Lionbridge Interpreting which can be utilized to translate for inmates who are LEP. Interviews with the Agency Head indicated that inmates are provided PREA information in a format they can understand. There were no LEP inmates at the facility during the dates of the on-site audit. PREA signage was observed to be posted throughout the facility in both English and Spanish. PREA information in the Inmate Handbook is in English and Spanish. The PREA Informational Brochure provided to the inmates at booking is also in English and Spanish. Annual Training documentation was provided for staff on PREA-compliant practices for inmates with Limited English Proficiency and disabilities.

115.16 (c): GDC 208.06 prohibits the use of inmate interpreters, readers or other types of inmate assistants for instances of sexual abuse or sexual harassment allegations. The LanguageLine User's Guide was provided to the auditor in the PAQ. The PAQ stated that there were no instances in the previous 12 months where inmates were utilized to interpret for other inmates. Interviews with staff also indicated that in these situations, only staff are utilized to interpret for LEP inmates. There were no LEP inmates at the facility during the on-site phase of the audit and no cognitively disabled inmates or inmates who were physically disabled, blind or deaf.

Based on a review of the PAQ, GDC 208.06, The LanguageLine Translation Guidebook, the PREA Offender Guidebook (English and Spanish), interviews with the Agency Head, random inmates as well as random staff and observations during the site review of PREA signage, this standard is determined to be compliant and is rated as exceeds.

115.17	Hiring and promotion decisions
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	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 GDC, SOP 104.09, Filling a Vacancy, 5/25/2022 with Attachment 4 GDC, SOP 104.18, Obtaining and Using Records for Criminal Justice Employment, 10/13/2020 GDC Applicant Verification Staff Personnel Files Contractor Files Volunteer Files Contract Staff File Audit Interviews: Human Resource Staff Findings (by provision): 115.17 (a): GDC 208.06 states that the agency will not hire or promote anyone who may come in contact with inmates and will not enlist the 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; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did no consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described. GDC SOP 104.09 specifies the application process and the review and reference checks for applicants. The GDC Applicant Verification contains questions which ask if the applicant has engaged in sexual abuse, been convicted, civilly committed and the outcomes of any such allegations. A review of staff personnel files indicated that all staff are asked about these incidents in their application. All staff, volunteers and contractors have a background completed prior to authorization to begin working at

the facility.

115.17 (b): GDC 208.06 indicates that the agency considers any incidents of sexual harassment in determining whether to hire or promote any staff or enlist the services of any contractor who may have contact with inmates. An interview with Human Resource staff indicated that incidents of sexual harassment is considered when hiring or promoting staff or enlisting the services of any contractors.

115.17 (c): GDC 208.06 and 104.09 state that the facility is required to conduct a criminal background check and 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 before hiring new employees who may have contact with inmates. The PAQ stated that seven (7) persons were hired in the past twelve months and have received a criminal background check and prior institutional employers were contacted. A review of the provided clearances indicated that 100% had a criminal background check conducted prior to hire. An interview with Human Resource Staff indicated that all staff are required to have a criminal background check before they are hired. All law enforcement agencies are contacted related to any information on any prior substantiated allegations of sexual abuse or resignations while under investigation. Applicants are required to complete a questionnaire with self-reporting questions. HR also completes a questionnaire on applicants regarding other crimes in addition to the required PREA questions.

115.17 (d): GDC 208.06 states that the facility is required to perform criminal background records checks before enlisting the services of any contractor who may have contact with inmates. The PAQ indicated that there have been eleven (11) contractors who have had a criminal background check conducted in the previous twelve months. A review of random contractor files indicated that criminal background checks were completed prior to working at the facility.

115.17 (e): GDC 208.06 and SOP 104.18 outline the system that is in place to capture criminal background information. The agency policy requires that criminal background records checks will be conducted on all current employees, volunteers and contractors who may have contact with inmates before hiring and at least every five years thereafter. The interview with the HR manager indicated that HR staff conduct criminal history checks for all employees every year. Documentation of these checks was provided and reviewed by the auditor.

115.17 (f): GDC 208.06 states that the agency shall ask all applicants and employees

	who may have contact with inmates directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. A review of staff applications indicated that all staff were asked about these incidents in their supplemental applications. The interview with a staff member in Human Resources confirmed that these questions are contained on the employment application supplement which is required for all applications. 115.17 (g): GDC 208.06 and SOP 104.09 state that material omissions regarding sexual misconduct or the provision of materially false information are grounds for termination. The interview with Human Resource staff confirmed that any false information would result in an employee or contractor being terminated. 115.17 (h): GDC 208.06 states that the agency will 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. Human Resource staff confirmed in their interview that this information would be provided when requested. Based on a review of the PAQ, GDC 208.06, SOP 104.09, clearances for staff, contractors and volunteers as well as information received from the interview with Human Resources staff, this standard is determined to be compliant.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire Documentation of Upgrades to Facility Technology Facility New Camera Installation Schedule

	Interviews: Agency Head Warden (Superintendent) Observations: Observations of the Physical Plant - new video technology Findings (by provision): 115.18 (a): The PAQ indicated that the agency/facility has made upgrades to the video technology at the facility since the last PREA audit. During the site review, the auditor did observe new video technology in the facility. The interview with the warden indicated that the facility has made upgrades since the last PREA audit. The interview with the Agency Head stated that the safety and security of all citizens, GDC facilities, staff and offenders is the number one priority. Any time there are substantial modifications, designing or an acquirement of a new facility, the agency's PREA Coordinator is consulted. The sexual safety of the offenders is considered throughout the modification process. Staff walk the area and consider minimizing blind spots, cross-gender viewing, camera placement, etc. 115.18 (b): The interview with the warden indicated that staffing is always considered along with the need for video monitoring. Cameras are reviewed following any incident and are also routinely reviewed to determine if more coverage is needed. The Agency Head stated in the interview that the agency recognizes the importance of monitoring technology and the impact it has on the sexual safety of the GDC offenders. The agency is constantly researching, designing or installing upgraded technologies throughout the facilities statewide. Based on the PAQ, interviews with the Agency Head and the warden and observations of the physical plant, this standard is determined to be compliant.
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Bleckley RSAT PREA Investigation Protocol Memos Regarding Medical Co-pay GDC, SOP 208.06 Attachment 5, Procedure for SANE Evaluation / Forensic Collection SANE Call Roster PREA / SART Team Members – Bleckley RSAT GDC, SOP 208.06 Attachment 12, PREA Victim Advocate Request Form PREA Staff Victim Advocacy Certifications Email Regarding MOU for Victim Advocacy GDC, SOP 103.06, Uniform Evidence Protocol Interviews: Random Staff PREA Compliance Manager Inmates Who Reported a Sexual Abuse – none at the facility as of the dates of the on-site audit Investigative Staff Observations: Site Review Findings (by provision):

115.21 (a): GDC SOP 208.006 outlines the uniform evidence protocol which maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The GDC conducts their own administrative and criminal investigations, in conjunction with the Criminal Investigations Division (CID) who conducts an investigation of all criminal allegations of sexual abuse. The local Sexual Abuse Response Team (SART) is responsible for the administrative investigation of all allegations of sexual abuse and sexual harassment. A checklist is completed for all PREA allegations. At the conclusion of each SART investigation, a PREA investigative summary is completed.

Interviews with Investigators indicate that they follow a uniform evidence protocol. Interviews with random staff indicate that they do not collect evidence, but they do preserve the scene so that any usable evidence can be obtained by investigators.

115.21 (b): The GDC follows a uniform evidence protocol as outlined in SOP 103.06 and SOP 103.10. The PAQ indicated that the protocol is developmentally appropriate for youth as well as adapted from the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult / Adolescents."

115.21 (c): The facility conducts forensic medical examinations on-site. Forensic exams are performed by SANE licensed nurses who possess SAFE or SANE credentials. Per the SOP 208.06 Attachment 5, these exams would be conducted without financial cost to the inmate victim. The PAQ indicated that in the past twelve months, there were no forensic exams conducted by SAFE/SANE.

115.21 (d): The facility has a pending Memorandum of Understanding with Lilly Pad SANE Center, Inc. to provide victim advocacy services to inmates at the facility. Victim Advocate Training Certificates were also provided for two (2) staff members at the facility. The facility provided a completed copy of a PREA Victim Advocate Request Form which documents inmates' request or refusal of Victim Advocate services.

Interviews with the PREA Compliance Manager indicated the services offered by the facility staff. There were no inmates at the facility as of the dates of the on-site audit who had reported a sexual abuse.

115.21 (e): Interviews with the PCM indicated that victim advocate services are

	provided. The facility provided in the PAQ documentation of staff victim advocacy training certifications as well as one (1) previous Victim Advocate Request. The interview with the PCM indicated that victim advocacy services are offered and provided. There were no inmates at the facility during the dates of the on-site audit who had reported a sexual abuse. 115.21 (f): This section is not applicable since the agency is responsible for investigating all administrative and criminal allegations of sexual abuse. These investigations are conducted by the facility investigator and/or the CID. The Criminal Investigations Division and the facility investigator conduct criminal cases, and the facility investigator conducts the administrative investigations. 115.21 (g): This section does not apply. The agency conducts all administrative and criminal investigations. The facility investigator conducts both administrative and criminal investigations and the CID conducts the criminal investigations. 115.21 (h): The facility has a pending Memorandum of Understanding with an outside victim advocacy service. The facility also has staff who are trained and certified to provide advocacy services. The documentation of training was provided to the auditor. Based on a review of the PAQ, SOP 208.06, SOP 208.06, Attachment 5 and Attachment 12, SOP 103.06, the email documentation of the pending MOU for victim advocacy services, the staff training documentation, the GDC SART contract and information from interviews with staff and inmates, this standard is determined to be compliant.
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire

GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022

GDC, SOP 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual Harassment of Offenders, 8/11/2022

Agency Web Page

Interviews:

Agency Head

Investigative Staff

Findings (by provision):

115.22 (a): GDC SOP 208.06 specifies the administrative and criminal investigation process. The policy requires that all allegations will be investigated. The PAQ along with a review of incident reports and investigative reports indicated that all reported allegations of sexual abuse and sexual harassment are investigated. The interview with the Agency Head stated that the facility absolutely ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and also stated that an administrative investigation is completed for all offender alleged victims of sexual abuse and sexual harassment. Allegations that have criminal components are forwarded to the GDC, Office of Professional Standards for criminal investigation. He further stated that an administrative or criminal investigation for allegations of sexual abuse or harassment involves several steps. Once a sexual abuse or sexual harassment allegation is received, the facility SART investigator is notified immediately and first responder protocols are initiated. If the allegation meets the criteria for a criminal investigation, the Office of Professional Standards, Special Agent in charge, is simultaneously notified and assigns the case immediately to a qualified criminal investigator. The Criminal Investigator will have authority over the SART investigator if the case meets the criteria or criminal investigation. All allegations involving sexual assault are immediately reported to the facility and Executive Leadership immediately.

The PAQ indicated that there were zero (0) total allegations received at the facility in the past twelve (12) months.

115.22 (b): GDC SOP 208.06 and SOP 103.06 outline the administrative and criminal investigation process. The policy directives ensure that allegations of sexual abuse or

	sexual harassment are referred to investigation. The agency investigators have the legal authority to conduct criminal investigations. This information is also posted on the agency web page. The interview with the facility investigator also confirmed that all allegations of sexual abuse and sexual harassment are referred for investigation. There were no referrals made for criminal investigations. 115.22 (c): This provision is not applicable. The GDC conducts both criminal and administrative investigations. This was confirmed by review of the agency website and interviews with the Agency Head and investigator. 115.22 (d): This provision is not applicable. The GDC conducts both criminal and administrative investigations. This was confirmed by review of the agency website and interviews with the Agency Head and investigator. 115.22 (e): This provision is not applicable. The GDC conducts criminal and administrative investigations, however the Criminal Investigations Division (CID) is the agency responsible for solely investigating criminal allegations of sexual abuse. This was confirmed by review of the agency website and interviews with the Agency Head and investigator. Based on a review of the PAQ, SOP 208.06, SOP 103.0, the agency website, and information from interviews with the facility investigator and the Agency Head, this standard is determined to be compliant.
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115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 PREA Training Lesson Plan

Employee PREA Training Acknowledgement – 208.06 Attachment 1

Interviews:

Random Staff

Findings (by provision):

115.31 (a): GDC SOP 208.06 indicates that all staff are trained on a yearly basis. A review of the PREA Training Curriculum confirms that the agency trains all employees who may have contact with inmates on: the zero-tolerance policy, dynamics of sexual abuse in detention, signs of sexual abuse (abuse awareness), handling disclosures (confidentiality/reporting), common reactions, responding to victimized inmates, professional communication, coordinated response review, maintaining boundaries, staff duty to report. These trainings include training on PREA prevention, detection, reporting and response policies and procedures. The GDC also trains all employees who may have contact with inmates on the right of inmates to be free from sexual abuse and sexual harassment. This is included in the PREA Training Curriculum. This curriculum that the agency trains 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 and the dynamics of sexual abuse and sexual harassment in confinement, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with inmates, how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Interviews with random staff indicated that staff recall being trained on these topics.

A review of a sample of staff training records indicated that they have received PREA training on the previous mentioned topics. The facility also provided a listing of electronic training rosters.

115.31 (b): GDC SOP 208.06 states that training is tailored to the gender of the inmates in the facility. This facility only houses female inmates. According to the PAQ, training is mandatory for all staff regarding female inmates. A review of the sample of staff training records indicate that all staff receive the same training which addresses female inmates. If a staff member is transferred to a facility housing male inmates, they will then receive additional training.

	115.31 (c): The GDC SOP 208.06 specifies that the Department shall provide each employee with refresher training annually to ensure employees know the Department's policies and procedures. The PAQ also indicated that the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. The agency documents that employees understand the training they have received through employee signature or electronic verification. Interviews with staff confirm that they have all received PREA training and that they receive this training through the formalized annual training. 115.31 (d): The PAQ indicated that all staff are required to electronically sign an acknowledgment that they have read and understood the PREA training. A review of a sample of staff training records indicated that all of those reviewed and electronically signed that they understood the training they had received. Based on a review of the PAQ, SOP 208.06, the PREA Training Curriculum, staff training records, training acknowledgement electronic signatures – Attachment 1, as well as interviews with staff and the PCM, this standard is determined to be compliant.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 GDC Volunteer / Contractor Training Curriculum Volunteer Training Records Contractor Training Records

Interviews:

Volunteers – none at the facility during the dates of the on-site audit

Contractors

Findings (by provision):

115.32 (a): GDC SOP 208.06 states that all volunteers and contractors, who have contact with inmates, will be trained on their responsibilities under the agency's Prison Rape Elimination Act (PREA) policy. The type and level of training is based on the services they provide and level of contact they have with inmates. The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The PAQ further indicated that in the past year, eleven (11) volunteers and contractors have received PREA training. The PCM advised that the GDC Volunteer / Contractor PREA Training is used to train all contractors and volunteers. A sample of volunteer and contractor training records indicate that they have signed an acknowledgement of training. There were no volunteers at the facility during the on-site portion of the audit, therefore, no volunteers were able to be interviewed. Interviews with contractors indicated that they have received PREA training and that they receive this training at least annually.

115.32 (b): The GDC SOP 208.06 requires that all volunteers and contractors who have contact with inmates be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed regarding how to report such incidents. The PAQ indicated that all volunteers and contractors who have contact with inmates are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. They are notified of this policy in the PREA training they are required to attend when they are first hired or approved to enter the facility, and annually every year thereafter. During the site review, PREA signage was observed throughout the facility reminding all staff and volunteers of the zero-tolerance policy. A review of the training records for contractors and volunteers indicated that they have received training on the zero-tolerance policy. Interviews with contract staff indicate that they were all received this training. There were no volunteers at the facility during the on-site portion of the audit, therefore, no volunteers were able to be interviewed.

115.32 (c): The PAQ indicated that all volunteers and contractors sign off for the

	training they have received on. A review of a sample of training records for both volunteers and contractors indicate that they have received training on PREA. This documentation included signed acknowledgements. Interviews with contract staff also verified they had received training. There were no volunteers at the facility during the on-site phase of the audit, therefore, there were no volunteers who were able to be interviewed. Based on a review of GDC SOP 208.06, the GDC Volunteer/Contractor PREA Training, volunteer and contractor training records, and interviews with contractors, this standard is determined to be compliant.
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Offender PREA Training Acknowledgements GDC, SOP, 220.04 Attachment 1, Offender Orientation Checklist PREA Offender Brochure (Attachment 17 - English and Attachment 18 - Spanish) PREA Poster (English and Spanish) GDC Inmate Handbook (English and Spanish) Interviews: Intake Staff Random Inmates Limited English Proficient (LEP) Inmates - none at the facility Deaf / Hard of Hearing Inmates - none at the facility

Cognitive Impaired Inmates – none at the facility

Vision / Blind Inmates – none at the facility

Physically Disabled Inmates – none at the facility

Informal conversations with staff

Informal conversations with inmates

Observations:

Intake Area

Intake Process

PREA Signs in English and Spanish

Comprehensive PREA Education Process (video and in-person)

Processes Tested:

Intake Process

Facility process for securing interpretation services on-demand

Inmates' ability to access interpretation services and anonymous reporting ability

Findings (by provision):

115.33 (a): The GDC SOP 208.06 outlines the requirement for inmates to receive PREA education. This policy states that all inmates, during intake, will receive orientation explaining the facility zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. In addition to verbal information, offenders are provided either an Attachment 17, PREA Offender Brochure (English) or an Attachment 8, PREA Offender Brochure (Spanish) is provided to each inmate in the inmate's property bag during dress out with information on self-protection and prevention techniques, treatment and counseling and reporting methods. Posters containing sexual assault awareness and reporting information are posted in the intake vestibule. This signage was observed by the auditor on-site. An informational video which contains PREA educational information is shown to the inmates the day of arrival or the next day. This video is in English, Spanish and closed captioned.

The PAQ indicated that in the previous 12 months 200 inmates have received information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. This is equal to 100%. The Training Acknowledgement forms as well as the SOP 220.04 Attachment 1 forms were provided to the auditor which contained inmates' signatures acknowledging the training they received. The inmate handbook also provides information on the zero-tolerance policy as does the PREA Informational Brochure given to inmates at intake. The auditor observed the intake process and was given an overview by staff. Inmates are provided with the Inmate Handbook and given PREA information brochure which is read by the inmate and if, necessary, read to the inmate by staff. PREA information is posted in the intake area and is readily visible. Interviews with inmates indicated that they were provided PREA information the same day they arrived at the facility. Interviews with intake staff also indicated that they provide this information to the inmates upon arrival at the facility. Mental health staff, program staff and security staff are involved in providing the information to inmates with cognitive or functional disabilities. For inmates who do not speak English or unable to read in their native language, the facility can utilize the interpretation service for translations and staff who are designated as translators are also utilized to read and explain the PREA information. These systems were tested and demonstrated to the auditor by staff. LEP inmates are given information in Spanish and shown the PREA informational video in Spanish. Intake records of inmates were reviewed and corroborated that they received the information at intake (signatures). The policies, video and other materials provided by the facility were reviewed by the auditor to ensure that relevant information was covered.

115.33 (b): GDC SOP 208.06 states that the facility will provide comprehensive education to inmates within 30 days of intake, either in person or via video regarding the inmates' rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. A review of inmate files indicated that there was documentation of the completed PREA training within 30 days of intake (signatures). The video is played for the inmates with staff who can answer any questions or concerns. Interviews with staff indicated that they provide comprehensive inmate education regarding PREA within 30 days of their intake. Random inmates were interviewed and they indicated that they had received PREA education via the video. They stated that this information is also in the brochures they are given. Interviews with intake staff indicated that the video is played in the intake area during the intake process, also. The video was reviewed by the auditor and does contain the required information as outlined in the PREA standards. This video is in English, Spanish and has closed captioning options. The inmate PREA brochure was also reviewed by the auditor to ensure that relevant information is covered.

115.33 (c): The PREA standards were effective as of 2013 and all inmates were

required to be trained as of 2014. Current inmates have all received PREA education as indicated by a review of a sample of inmate files. Interviews with inmates and with intake staff also indicate that the inmates receive the PREA information at intake and comprehensive PREA education within 30 days of their arrival.

115.33 (d) GDC SOP 208.06 specifies the procedure to provide PREA education in formats accessible to all inmates, including those who are limited English proficient (LEP), deaf, visually impaired otherwise disabled, as well as to inmates who have limited reading skills. The policy states that if inmates are blind or with low vision or have a cognitive disability, the PREA information would be read to them. Inmates who are deaf or hard of hearing would be provided with reading material and the ability to view the PREA video with closed captioning and/or American Sign Language. LEP inmates would be provided the PREA information (brochure and video) in Spanish or a staff member would translate for them. If a translator was unavailable at the facility, the translation service would be utilized. There were no LEP, blind, deaf, cognitively impaired or physically impaired inmates at the facility during the dates of the on-site audit, therefore, they were not able to be interviewed. A review of the inmate files indicated that they were given information in a format they could understand.

During the site review of the facility, PREA signage was observed in English and Spanish, with large font. The auditor reviewed the PREA Offender Brochure in English and Spanish) and determined that these documents covered the information required by the PREA standards. Deaf inmates are given the documents to read and if they are unable to read, ASL will be provided to them via the language service. The PREA orientation video is also close captioned. Inmates who are visually impaired would be read the information and would be able to listen to the PREA video. PREA education is also available in Braille.

115.33 (e): GDC SOP 208.06 requires that the agency maintains documentation of inmate participation in PREA education sessions. This is documented on Offender Orientation Checklist and the PREA Training Acknowledgement Form. Review of these documents verified that the agency maintains documentation of inmate participation in these education sessions.

115.33 (f): The PAQ indicated that PREA information is continuously and readily available or visible to inmates through posters, inmate handbooks and other written formats. This is accomplished by the PREA Offender Brochure (Attachment 17 and 18) in English and Spanish as well as the Inmate Handbook in English and Spanish. The facility makes PREA information available to the inmate population through PREA signage throughout various locations in the facility, and the PREA brochure. During

	the site review, the auditor observed the PREA signage and was able to view the PREA information on posters. Inmates interviewed also indicated that they had received a PREA brochure and inmate handbook and had seen the video. Based on a review of GDC SOP 208.06, the PREA education video, the offender training acknowledgements, the PREA Offender brochures, the Inmate Handbook, and a sample of inmate records, observations of the intake area, PREA signage and information obtained through interviews with intake staff, and random inmates, this standard is determined to be compliant.
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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 NIC Curriculum Investigator Training Certificate Interviews: Investigative Staff Findings (by provision): 115.34 (a): GDC SOP 208.06 requires that all investigators responsible for conducting sexual abuse and sexual harassment investigations shall receive specialized training in conducting such investigations in confinement settings. The training is completed utilizing the National Institute of Corrections online course "Your role in responding to sexual abuse".

	115.34 (b): GDC SOP 208.06 requires that all investigators responsible for conducting sexual abuse and sexual harassment investigations shall receive specialized training which shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The NIC Curriculum and the GDC SART Training were used for investigator training and contained the required topics. The investigator training records were reviewed and verified that the investigators had received the required training. The interview with facility investigators indicated that the previous mentioned topics were covered as part of the training they had received. 115.34 (c): The PAQ indicated that there was one (1) facility investigators who have completed the specialized training. The training is conducted utilizing NIC Curriculum and the GDC SART Training. A review of the training documentation confirms that staff have completed the specialized training and received a certificate of completion. The interview with the PCM and the facility investigator indicated that the investigators who investigate sexual abuse and sexual harassment complete this training. 115.34 (d): The GDC investigation team investigates criminal allegations of sexual abuse for the agency. This was confirmed by interviews with the PCM as well as by review of the PAQ, and the agency website. Based on a review of the PAQ, GDC SOP 208.06, the NIC Curriculum, the investigator training records, and interviews with the PCM and investigator, this standard is determined to be compliant.
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022

Medical and Mental Health Staff Training Records

Interviews:

Medical Staff

Mental Health Staff

Findings (by provision):

115.35 (a): GDC SOP 208.06 requires that all medical and mental health care staff are to complete training in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The PAQ states that four (4) medical and mental health staff have completed the required training which is equivalent to 100%. A review of the curriculum for the specialized training indicates that the required topics are covered. A review of the training records for the medical and mental health staff indicated that those reviewed had received the required training. Interviews with medical and mental health staff also verified that they had received the training.

115.35 (b): This provision does not apply. Forensic exams are not conducted by facility staff, but by contracted SART staff. These specially trained staff conduct the forensic medical exams and are called to respond to the facility in the event of a sexual assault. Interviews with medical and mental health staff confirm that they do not perform forensic medical exams.

115.35 (c): GDC SP 208.06 requires that medical and mental health staff have completed the required training and that the training will be documented. The PAQ and a review of training documents for medical and mental health care staff confirm that they have received the required training and that the facility also maintains this documentation.

115.35 (d): The facility provided documentation that medical and mental health staff

	receive the same PREA education as all other staff. The documentation provided to the auditor verified that medical and mental health staff have received PREA training. Interviews with medical and mental health staff also confirmed that they had received the same PREA training that is required for all other staff at the facility. Based on a review of the PAQ, GDC SOP 208.06, medical and mental health training documentation, as well as interviews with medical and mental health staff, this standard is determined to be compliant.
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115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Inmate Risk Assessment and Reassessment Documentation GDC, SOP 208.06 Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument Interviews: Staff Responsible for Risk Screening Random Inmates Informal Conversations with Staff Informal Conversations with Inmates PREA Coordinator PREA Compliance Manager

Observations:

Intake Area

Physical Storage Area for Risk Screening Documents

Electronic Safeguards of Information Collected

Testing Processes:

Risk Screenings for Inmates

Findings (by provision):

115.41 (a): GDC SOP 208.06 requires that all inmates will be screened during intake using an objective screening instrument for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The SOP specifies this process and that an initial PREA assessment to determine the inmate's potential risk of sexually assaultive behavior or sexual vulnerability will be conducted and will ensure appropriate housing based on the assessment. Information as to whether or not the inmate is found to be a sexually violent predator will also be used as criteria in this assessment.

The risk screening is conducted by counseling staff members and is conducted in a setting which ensures as much privacy as possible and in a manner that fosters comfort and elicits responses. All information obtained during the PREA assessment and the initial classification interview process will be used to determine appropriate housing assignment of inmates which could include administrative segregation. The SCRIBE Attachment 2, PREA Sexual Victim / Sexual Aggressor Classification Screening Instrument is the form used for these assessments. Per the policy, the assessment is to be completed on all offenders during intake and upon transfer and will be conducted within 24 hours of arrival at the facility and again within 30 days of arrival.

During the site review of the facility, the auditor observed the intake area and was walked through the intake process by staff. The initial risk screening is conducted one-on-one with each inmate as they are received into the facility. Staff ask the incoming inmates questions which are on the questionnaire. This is completed the same day the inmate arrives or the next day. An interview with staff who conduct the risk screenings indicated that the questions asked of the inmates are conducted in a manner that fosters comfort and elicits responses. The screening staff utilize an

instrument to collect information during the risk screening process and affirmatively ask inmates about their sexual orientation and gender identify by directly inquiring if they identify as LGBTI in addition to making a subjective determination about perceived status. The screening instrument returns a subsequent “score” or determination of risk of being sexually abused or being sexually abusive. Inmate interviews indicated that they were asked the initial screening questions the same day they arrived at the facility.

115.41 (b): GDC SOP 208.06 states that all inmates will be assessed during intake for their risk of being sexually abused by other inmates as well as for their risk of being sexually abusive towards other inmates within 24 hours of their arrival at the facility. The PAQ indicated that inmates are screened within this time frame and that in the past 12 months, 50 inmates were received at the facility. The PAQ indicated that 100% of these inmates were screened within 72 hours. A review of a sample of inmate records indicated that they were all screened at intake within 72 hours of arrival at the facility. The interview with staff who perform the intake screening also confirm that the screening is completed the same day the inmate arrives at the facility or the next day. Interviews with inmates also indicated that they remember being asked the screening questions the same day they arrived at the facility. Documentation of the screenings were provided to the auditor by the facility.

115.41 (c): A review of the GDC 208.06 Attachment 2 confirms that the required questions are asked utilizing an objective screening instrument. The questions are asked in yes and no format and are followed up by staff reviewing the inmate’s file. The facility provided thirty-three (33) of these forms for review.

115.41 (d): A review of the GDC 208.06 Attachment 2 confirms that the intake screening considers 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, and whether they are detained solely for Immigration purposes. An interview with staff who performs risk screening indicated that all of these items are reviewed and included in the risk screening.

115.41 (e): A review of the GDC 208.06 Attachment 2 confirms that the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses,

and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. Interviews with staff who perform risk screening confirm that these criteria are considered and are used to determine housing.

115.41 (f): GDC SOP 208.06 states that within 30 days from the inmate's arrival at the facility, inmates would be reassessed for their risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. An interview with the PCM indicated that all inmates are evaluated within 30 days for classification reassessment. In the past 12 months, 75 inmates have entered the facility with a length of stay of 30 days or more.

Interviews with staff indicated that inmates are re-assessed within 30 days while incarcerated at the facility. Interviews with random inmates also indicated that they were asked the risk screening questions and that other staff (counselors, medical, mental health) also ask these questions periodically. Those inmates who were referred to mental health as a result of their initial answers to the risk screening questions were asked the screening questions again, but in a more informal format. Any time there is a change in the criteria on which the original classification was based; the inmate's status may change requiring re-evaluation of custody and housing. Changes in criteria may include conviction of charges, new information regarding detainer, pre-sentence reports, etc. The counselor shall make all changes in an inmate's classification. Criteria for re-classification shall consist of, but not be solely limited to the following: inability to handle a particular situation, request from the inmate request from staff, legal status change of the inmate, adjustment problems at his/her current status, involvement in a serious infraction of facility rules and needs placement in administrative segregation or disciplinary confinement, victim of sexual assault, perpetrator of sexual assault, psychological instability."

A review of the risk screening and re-assessments for a random sample of inmates indicated that these were completed within the 30-day time frame.

115.41 (g): GDC SOP 208.06 states that inmates would be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Attachment 14, GDC PREA Counseling Referral Form was provided for review.

An interview with the staff responsible for risk screening indicated that inmates are re-assessed within 30 days of their arrival at the facility and are reassessed whenever new information arises or if there are incidents occurring which may indicate a

	change is needed. Interviews with random inmates indicated that they were asked the risk screening questions and many stated that they were asked these questions more than twice. A review of a sample of inmate files indicated that inmates are being reassessed and inmates who alleged sexual abuse were reassessed after their allegation was made. Documentation was provided by the facility of inmates with referrals for risk of victimization as well as for inmates with risk of aggressive behavior. Interviews with staff who perform risk screening also indicated that this is the standard practice which helps them ensure that inmates are housed appropriately. 115.41 (h): GDC SOP 208.06 indicates that inmates will not be disciplined for refusing to answer, or for not disclosing complete information in response to the questions asked in the risk screening tool. The PAQ also indicated that inmates are not disciplined for refusing to answer any of these questions. Interviews with staff who perform risk screening indicated that inmates are not disciplined for refusing to answer any of these questions or for not disclosing complete information in response to the questions. Interviews with random inmates also confirmed that they are not disciplined for refusing to answer any of the screening questions. 115.41 (i): Interview with the PCM and the staff responsible for risk screening indicated that the facility has implemented appropriate controls on the dissemination within the facility of the responses to the risk screening questions pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. These staff stated that the information in the risk screening is only accessible to certain staff who are authorized based on their position in the facility. These staff include those who use this information to inform their decisions on housing assignment, and work/programs. The information on the data base can only be accessed based on the security profile of these staff. Based on a review of GDC SOP 208.06, Attachment 2, assessment and reassessment documentation, interviews with the PCM, PC, staff who perform risk screening, random inmates, observations of the intake area (screenings), electronic safeguards of information collected, and a demonstration by intake staff of the intake and risk screening process, this standard is determined to be compliant and is rated as exceeds.
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115.42	Use of screening information
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	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 PREA Staffing Plan 2025 Facility Stratification Plan PREA Safe Beds and Housing Assignments GDC, SOP, 208.06 Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan GDC, SOP 220.09, Classification and Management of Transgender and Intersex Offenders Interviews: PCM Staff Responsible for Risk Screening Transgender Inmates (none) Lesbian, Gay, Bisexual (LGB) Inmates Observations: Site review observations of shower areas Findings (by provision): 115.42 (a): GDC, SOP 208.06 indicates that the facility utilizes information from the risk screening to determine 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. This is also specified in Attachment 7 of the procedure which is the Coordinated Response Plan. Mental Health Counselor or Counselors will screen for risk of victimization and abusiveness
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immediately upon arrival to the facility and within 24 hours. The Classification Chairman will assign bed, work, and education and programs assignments based on the risk screening. In order to provide safe housing, offenders with Sexual Victim and potential Sexual Victim profiles will not be placed in the same dorm as offenders with Potential Sexual Aggressors profiles. If warranted, Sexual Victims will be placed in the front area of the dorms. This is specified in the Facility Stratification Plan as well as in the Safe Beds and Housing Assignments memorandum from the Superintendent.

Interviews with the PCM and staff responsible for risk screening indicate that the information from the risk screening is used to make housing determinations and job and program determinations. Inmates who are deemed to be at risk of being abused are housed separately from those inmates deemed to be at risk of abusiveness. The housing configuration of the facility allows staff to separate these inmates in separate housing units or to move those with risk of victimization to a bunk with more visibility for staff. The Staffing Plan was also provided which takes into account housing of inmates to ensure sexual safety and the staffing of the housing units.

115.42 (b): GDC, SOP 208.06 indicates that the facility makes individualized determinations about how to ensure the safety of each inmate. The interview with staff responsible for the risk screening indicated that decisions are made regarding housing and that staff review the risk assessments to determine the safest housing assignments and work/program assignments. The interview with the PCM indicated that the counselors are involved in the housing of inmates based on the inmates' risk assessment.

115.42 (c): GDC, SOP 208.06 states that in deciding housing for transgender or intersex inmates, these decisions are made on a case-by-case basis, considering whether the placement decision would ensure the inmate's health and safety and whether the placement would present management or security problems. GDC SOP 220.09 specified the process for reviewing transgender, Gender Nonconforming and Intersex inmates for housing assignments. The interview with the PCM indicated that housing determinations for these inmates would be considered on a case-by-case basis, factoring in whether a placement would present management or security problems. There were no transgender inmates at the facility as of the dates of the on-site audit.

115.42 (d): GDC, SOP 208.06 states that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to the safety experienced by the inmate. The interview with the PCM indicated that all inmates are reassessed at least every 6 months. The interview with staff responsible for risk screening indicated that the inmates are seen by staff at

least 2 times per year to review their housing assignments and to determine if any changes need to be made based on any other information.

115.42 (e): GDC, SOP 208.06 states that transgender and intersex inmate's own views with respect to her or her own safety shall be given serious consideration. The Interview with the PCM indicated that this is considered in the housing determinations. The staff responsible for risk screening also stated that this is considered in housing decisions. There were no transgender inmates at the facility as of the dates of the on-site audit.

115.42 (f): GDC, SOP 208.06 states that transgender and intersex inmates are given the opportunity to shower separately. A review of the housing units determined that each housing unit has showers which provide the opportunity for separate showering. Inmates interviewed did not indicate that the showers were an issue and agreed that they had reasonable privacy in the facility. The interview with the PCM and the staff responsible for risk screening indicated that inmates all have privacy while showering and transgender inmates are also given consideration for using a shower in a separate area which allows even further privacy, if they request this. Inmates interviewed indicated that they had privacy when showering. The showers were observed in the housing units and the single showers were present along with other showers with half walls or curtains. There were no transgender inmates at the facility as of the dates of the on-site audit.

115.42 (g): GDC, SOP 208.06 states that inmates who identify as lesbian, gay, bisexual, transgender, or intersex will not be placed in a dedicated facility, unit, wing or established in connection with a consent decree, legal settlement or legal judgment for the purpose of protecting such inmates. A review of the housing assignments for inmates who identify as LGB and transgender are assigned to various housing units around the facility. These inmates are not housed in a specific pod. Interviews with the PCM also indicated that LGBT inmates are not housed in specific pods, but rather, they are housed according to their risk assessment and custody level. LGBT inmates interviewed stated that they were in a housing unit with different types of inmates and not solely for LGB and transgender inmates.

Based on the review of the PAQ, GDC SOP 208.06, GDC SOP 220.09, the PREA staffing plan, the facility Stratification Plan, the PREA Safe Beds and Housing Assignments memo, documentation of inmate housing assignments, interviews with the PCM, staff responsible for risk screening, random inmates, and LGBT inmates, and observations made of the housing units, including shower areas, this standard is determined to be

	compliant.
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Protective Custody Memo Interviews: Warden (Superintendent) Staff Who Supervise Inmates in Segregated Housing Inmates Identified as at-Risk During Risk Screening Findings (by provision): 115.43 (a): GDC SOP 208.06 states that the facility does not place inmates at high risk of 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. The PAQ indicated that in the previous 12 months, there were no inmates were held from 1-24 hours in segregated housing awaiting completion of the assessment. The interview with the Warden (Superintendent) indicated that if inmates are placed in segregation involuntarily, they are only maintained in this status until an alternative means of separation from likely abusers can be arranged and that it would only be for as little a time as necessary to make such arrangements. In most cases, this is no more than 24 hours. Interviews with inmates who were identified as having high risk of victimization

indicates that inmates are not held in segregation for these reasons. Interviews with staff also confirmed that they do not house inmates in segregation involuntarily for this purpose, unless it is for a short period of time to determine alternative housing options.

115.43 (b): GDC SOP 208.06 states that if an inmate was placed in involuntary segregated housing for risk of victimization, they shall have access to programs, privileges, education and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: the opportunities that have been limited; the duration of the limitation and the reasons for such limitations. According to the PAQ, there were no inmates held in involuntary segregation from 1-24 hours in the previous 12 months. Interviews with staff who supervise inmates in segregated housing indicated that if inmates were housed in this status, they would not be restricted of any programs or other opportunities, but if they were, this information would be documented on the housing log.

115.43 (c): GDC SOP 208.06 states that if an inmate was placed in involuntary segregated housing due to risk of victimization, the inmate would only be placed there until an alternative means of separation from likely abusers could be arranged, and such assignment would not ordinarily exceed 30 days. The PAQ indicated that no inmates were held in this status for risk of sexual victimization for the past 12 months.

Interviews with the Warden (Superintendent) and staff who supervise inmates in segregated housing confirmed that no inmates are housed in the segregation cells for this reason for more than 24 hours. There were no inmates segregated for risk of victimization during the dates of the on-site audit; therefore, no inmates were interviewed.

115.43 (d): GDC SOP 208.06 states that if an inmate was placed in segregation due to risk of victimization, this would be documented and state the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. Per the PAQ, no inmates were placed in involuntary segregation for more than 24 hours.

115.43 (e): GDC SOP 208.06 states that if an inmate was placed in segregation due to risk of sexual victimization, the facility will review the inmate's status every 30 days to determine whether there is a continuing need for separation from the general population. Per the PAQ, no inmates have been placed in involuntary segregated

	housing for more than 24 hours, in the past 12 months preceding the audit. Interviews with staff verified that no inmates are held in segregation for this purpose and if so, it is for a minimal amount of time. There were no inmates in involuntary segregated housing for risk of sexual victimization during the dates of the on-site audit, therefore, no inmates were able to be interviewed by the auditor. Based on a review of the PAQ, GDC SOP 208.06, the Protective Custody memo, observations from the site review and interviews with the Warden (Superintendent), staff and inmates identified as at-risk during risk screening, this standard is determined to be compliant.
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115.51	Inmate reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Inmate Handbook Attachment 17 PREA Offender Brochure – English Attachment 18 PREA Offender Brochure – Spanish PREA Signage – English and Spanish Attachment 19 PREA Staff Brochure Detainee Reporting Memo Interviews: Random Staff Random Inmates

PCM

Observations:

PREA Signage

Testing of processes – phones, mail, legal mail

Storage areas for PREA related reports and other subsequent documents

Findings (by provision):

115.51 (a): GDC 208.06 outlines the multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. These methods include: verbally reporting to any staff member, contractor or volunteer, written inmate request or note placed in a locked drop box, contacting the Ombudsman, or calling the PREA hotline number.

During the site review, the auditor observed that PREA information was posted in signage throughout the facility, which included reporting information. The observed signage is clear and easy to understand and is provided in English and Spanish. This information on the signage is also easy to read for inmates with vision issues as it is in large font and with bold print. A PREA informational video plays during intake / orientation which inmates who are deaf or hard of hearing can watch (it includes closed captioning). The informational signage was observed in multiple locations throughout the facility and the information is accurate and consistent. The information is located in areas where staff can view it, also. The signage included information regarding how to report externally and internally and was in areas frequented by person confined in the facility, including housing units, programming areas, work areas, education areas, etc. Formal and informal interviews with random inmates confirm that they were aware of the various methods of reporting these incidents. Interviews with random staff also confirm that there are multiple ways for inmates to report sexual abuse and sexual harassment.

The auditor conducted test calls to the hotline number and confirmed that this reporting mechanism worked as posted and verified how the facility receives these reports. The inmates have reasonable privacy when making phone calls. The auditor observed the mail drop boxes and inmates informally interviewed stated that they have access to writing materials. Mailboxes in the facility are accessible to inmates

and are in areas where an inmate could drop written communication anonymously. These mail boxes are not used exclusively for reporting sexual abuse and sexual harassment. Mail drop boxes are kept locked and secured and are only accessible for a designated staff member. The auditor interviewed mailroom staff during the site review. This staff member stated that any mail going to an external reporting entity or outside emotional support service provider could be sent via legal mail and kept private, confidential and /or privileged. The auditor observed during the site review the area where PREA reports and related information is stored which is in a locked filing cabinet in a locked office. This office and cabinet are only accessible to those staff who work in this office under the supervision of the PREA Compliance Manager. The PREA Compliance Manager also has access to this cabinet and the office. Electronic information is secured and only visible to staff with privileged access based on their position.

115.51 (b): GDC SOP 208.06 indicates that the facility has a way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The auditor reviewed these documents which confirm that the inmate population are provided information and a phone number to report incidents of sexual abuse and sexual harassment to an outside entity. The outside entity is the State Board of Pardons and Paroles, Office of Victim Services. An address is provided for this agency. Interviews with random inmates confirm that they have seen the information posted and are aware of how to contact this organization. The PAQ states that GDC does not detain inmates solely for civil immigration purposes.

115.51 (c): GDC SOP 208.06 states that staff shall accept reports made verbally, in writing, anonymously and from third parties and shall promptly document any verbal reports. The PREA signage was observed in the facility and the inmate handbook. The PREA Staff Brochure was provided to the auditor which includes information for staff to report a PREA allegation.

Interviews with random staff confirm that when they receive a verbal report from an inmate is it immediately documented or documented as soon as possible after they have made sure the inmate is safe and separated from the perpetrator. Interviews with random staff confirm that they are aware that they can make reports verbally and the inmates stated that they believed that staff would follow up with action on verbal reports. Inmate interviews also indicated that many of them would contact family or friends to make third-party reports if necessary.

	The facility provided documentation of an incident in which a detainee reported to staff a PREA allegation. The staff member reported the allegation and documented the verbal report from the detainee. This allegation was deemed to not be a PREA incident. 115.51 (d): GDC SOP 208.06 states that staff will report sexual abuse to his/her supervisor as soon as possible or may report it to another supervisor outside their immediate chain if necessary or directly to the PCM. Staff may privately report sexual abuse and sexual harassment allegations by contacting the PREA Coordinator, the Ombudsman or the Director of Victims Services. Staff are informed of these procedures in the following ways: classroom training, shift briefings, training bulletins, training, policies and the PREA Staff Brochure. Interviews with staff confirmed that they are aware of how and to whom to report and how to privately report. Based on a review of the PAQ, GDC SOP 208.06, the PREA Staff Brochure, Attachment 17, the PREA Offender Brochures, the inmate handbook, Sexual Abuse Signage, a review of the memo documenting a report of PREA to staff, observations during the site review, testing of the reporting process, and interviews with the PCM, random inmates and random staff, this standard is determined to be compliant and is rated as exceeds.
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Interviews: Inmates Who Reported Sexual Abuse - none at the facility Informal interviews with staff

	Informal interviews with inmates Findings (by provision): 115.52 (a-g): The GDC does not allow the administrative remedy or grievance process to be used to report sexual abuse and sexual harassment. GDC SOP 208.06, p.27 states that "Allegations of Sexual Abuse and Sexual Harassment are not grievable issues. They should be reported in accordance with methods outlined in this policy." These are treated as written reports and forwarded immediately for investigation. Inmates can submit allegations on any form / paper. There were no inmates who reported sexual abuse in the previous 12 months at the facility during the dates of the on-site review. Based on a review of GDC SOP 208.06, information obtained from interviews with the PCM and informal conversations with staff, this standard is determined to be compliant.
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Attachment 12, GDC PREA Victim Advocate Request Form MOU – Lily Pad SANE Center, Inc. (pending signatures) Inmate Handbook – English and Spanish Interviews: Random Inmates Inmates Who Reported a Sexual Abuse – none at the facility

PCM

Observations:

PREA Signage

Testing Processes:

Mail

Phone call to provider (none at this time since the MOU is pending)

Findings (by provision):

115.53 (a): GDC SOP 208.06 Attachment 12 states that the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency shall make available provide these services, a qualified staff member from a community-based organization a qualified agency staff member. The PAQ indicates that inmates are provided access to outside victim advocates by providing them mailing addresses and phone numbers and enabling reasonable communication with these services in as confidential a manner as possible. The facility provided information regarding the pending MOU Lily Pad SANE Center, Inc. This MOU is pending signatures and finalization as of the dates of the on-site audit. The provider has a 24-hour crisis line which is free and confidential. In the absence of a victim advocate from the provider, there are trained staff who are available to serve as victim advocates.

There were no inmates at the facility as of the dates of the on-site audit who had reported a sexual abuse. Interviews were conducted with random inmates who indicated that they were aware of the victim services available. The services are offered through the trained staff and will be provided through the outside provider once the MOU is finalized. The hotline number for this provider will be toll-free and on a non-monitored line.

Inmates are not detained at this facility solely for civil immigration purposes, therefore, that provision does not apply. The PCM confirmed that the facility does not house inmates solely for civil immigration purposes.

	During the on-site portion of the audit, the auditor was able to observe signage throughout the facility containing information related to this standard. This information was clear and easy to understand and relayed information on emotional support services and external reporting. The information is provided in English and Spanish and accommodates most readers of average height, low vision / visually impaired or physically disabled / in a wheelchair, etc. The signage was not obscured by graffiti or missing due to damage. The signage and information were observed and available in inmate handbooks, pamphlets and posted on walls in housing units, programming areas, work areas, education areas, etc. The mail process was observed during the onsite audit and was noted to have mail drop boxes located in areas accessible to all persons confined in the facility. The locations are also in areas where a person could drop a form, letter or note in passing. Accessibility is also provided for inmates in restricted housing. The receptacles are not used specifically to collect reports for sexual abuse and sexual harassment. The receptacles were locked and accessible only by a designated staff member. Interviews with inmates indicated that they do not have any issues with the mail process and use it regularly. 115.53 (b): The signage posted around the facility informs inmates of the extent to which communication will be monitored and the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. This information is also contained in the inmate handbook. Interviews with random inmates indicated that victim advocates were available to them. 115.53 (c): The pending MOU with Lily Pad SANE Services, Inc. specifies the services provided for the inmates at the facility. Based on a review of GDC SP 208.06, Attachment 12, the documentation of the pending MOU for the service provider, signage and posted information, interviews with random inmates, and the PCM, testing processes of mail and observations during the site review of the PREA signage, this standard is determined to be compliant.
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Observations: Facility Website Signage in the Facility Testing Process: Third Party Reporting Findings (by provision): 115.54 (a): GDC SOP 208.06 states that the agency provides for third party reporting which may be made to the Ombudsman's Office and includes the address and phone number. The PAQ indicated that the facility the information is publicly distributed on how to report sexual harassment and sexual abuse on the behalf of an inmate. A review of the agency website confirm that third parties can report on behalf of an inmate. Phone numbers are provided on this website for PREA confidential reporting, the Ombudsman and Intimate Affairs Office, and the Pardons and Parole Victims Services Office. Third parties can also report to the investigator / PCM and to the hotline and in writing to the agency address. PREA signage throughout the facility also provides third party reporting information. Signage was observed in multiple locations in the facility which contained the information for third party reporting. Based on a review of the agency website, the PAQ, GDC SOP 208.06, the facility website, signage in the facility, and a test call of the third-party reporting number, this standard is determined to be compliant.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire

GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022

Interviews:

Random Staff

Medical Staff

Mental Health Staff

Warden (Superintendent)

PCM

Findings (by provision):

115.61 (a): GDC SOP 208.06 specifies the staff and facility reporting duties. The policy states that all staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, whether or not it is part of the agency, retaliation against inmates or staff who reported such an incident and any staff neglect or violation that may have contributed to an incident or retaliation. The policy also specifies the requirement of staff to report any knowledge or suspicion of sexual abuse or sexual harassment of inmates as well as any knowledge or suspicion of retaliation against inmates or staff who reported such an incident. The PAQ and random staff interviews confirm that staff take all allegations seriously and that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. Staff also stated that incidents of retaliation would be reported. Staff stated to the auditor that incidents are reported by staff either verbally to their supervisors and then followed up by a written incident report. Staff can report that inmates can report to them at any time when they are making rounds or at any other point of contact to verbally report. Staff stated that they can report to their supervisor or, if necessary, they can go directly to the PCM or higher-level administration.

115.61 (b): GDC SOP 208.06 states that 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. The PAQ and interviews with random staff confirmed that staff will report to their immediate supervisors and that incident reports would be completed documenting the incident. Supervisors, generally, would then be the staff that would contact other necessary staff for response (medical, mental health) as necessary. No other staff that were not

	necessary for response would be included in the information distribution. 115.61 (c): GDC SOP 208.06 states that all staff including medical and mental health are required to report sexual abuse pursuant to provision (a) and they are also required to inform inmates of their duty to report, and the limitations of confidentiality at the initiation of services. Interviews with medical staff and mental health staff confirm that they would immediately report any incident as they become aware of them and that they advise inmates of the limitations of confidentiality and their duty to report. They would report both verbally as well as documenting the report. 115.61 (d): GDC SOP 208.06 indicates that if the alleged victim is under the age of 18, or is 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 reporting laws. Interview with the warden indicated that in the event that they received a report such as this, it would be reported to the designated state or local service agency. The interview with the PCM indicated that she would report this the same as other allegations and that she would follow the protocol. The facility has not had a report of this nature in the previous twelve months. 115.61 (e): GDC SOP 208.06 states that the facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports to the facility's designated investigators. The interview with the Warden (Superintendent) confirmed that this is the standard practice at the facility. The facility investigator will conduct an investigation and if the case appears to be criminal in nature, will refer it as required. There were no PREA investigations at the facility in the previous 12 months. Based on a review of GDC SOP 208.06 the PAQ, as well as interviews with random staff, the Warden (Superintendent), the PCM, medical staff, and mental health staff, this standard is determined to be compliant.
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan Interviews: Agency Head Warden (Superintendent) Random Staff Findings (by provision): 115.62 (a): GDC SOP 208.06 states that when the facility learns that an inmate is subject to imminent risk of sexual abuse, it shall take immediate action to protect the inmate. The PAQ indicated that in the previous twelve months, there have been no instance where inmates were determined to be at imminent risk of sexual abuse. There were no PREA allegations at the facility in the previous 12 months. Attachment 7 provides specific local procedures and the coordinated response plan for the facility. Interviews with the Agency Head and the Warden (Superintendent) indicated that the agency takes immediate protective action, which may include separation, increased supervision, alerting relevant staff, providing support services, involving law enforcement, and encouraging confidential reporting. The goal is to ensure the inmate's safety and well-being while complying with PREA standards. Interviews with random staff indicated that they would contact their supervisor and remove the inmate from the imminent threat and keep them in visual contact. Based on a review of GDC SOP 208.06, Attachment 7, the PAQ, and interviews with random staff, the agency head and the warden (Superintendent), this standard is determined to be compliant.
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115.63	Reporting to other confinement facilities
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Interviews: Agency Head Warden (Superintendent) PCM Findings (by provision): 115.63 (a): GDC SOP 208.06 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ indicated that in the previous twelve months, the facility had no reports that an inmate was abused while confined at another facility. 115.63 (b) GDC SOP 208.06 states that notification as noted in provision (a) shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PAQ indicated that in the previous twelve months, the facility had no reports that an inmate was abused while confined at another facility. 115.63 (c): GDC SOP 208.06 states that the facility shall document that it has provided notification of allegations as noted in the previous provisions. The PAQ indicated that in the previous twelve months, the facility had no reports that an inmate was abused while confined at another facility. 115.63 (d): GDC SOP 208.06 states that staff are required to notify the warden and the warden is required to notify the warden at the facility where the alleged abuse

	occurred. The warden is required to ensure allegations received from other facilities / agencies are investigated in accordance with the PREA standards. The PAQ indicated that in the previous twelve months, the facility has received no reports of sexual harassment from other facilities/agencies. Interviews with the Agency Head and the warden (Superintendent) indicated that when an allegation is received from another facility, it would be documented and referred to the facility investigator. Based on a review of the PAQ, GDC SOP 208.06, and interviews with the Agency Head, Warden (Superintendent) and the PCM, this standard is determined to be compliant.
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan Facility PREA Response Plan Interviews: Security and Non-Security Staff First Responders Inmates Who Reported Sexual Abuse - none at facility Findings (by provision): 115.64 (a): GDC SOP 208.06 states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if the abuse

	occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking, or eating. The PAQ indicated that during the previous twelve months, there has been zero (0) allegations of sexual abuse. Interviews with security staff and other random staff who may be first responders indicated that all of these staff were familiar with the appropriate steps to take in order to collect usable evidence if an incident of sexual abuse occurred. The facility also provided the PREA Response Plan which specifies the actions to take in response to an allegation of sexual abuse. 115.64 (b): GDC SOP 208.06 and Attachment 7 outlines the first responder duties for staff. The policy specifically states that if the first staff responder is not a security staff member, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ indicated that there were no allegations made in the previous twelve months, and there was not an incident where a non-security staff member was the first responder for a sexual abuse incident. Interviews with security staff and non-security staff indicated that staff were aware of their duties and the steps to take in order to preserve any physical evidence. Based on a review of the PAQ, GDC 208.06, Attachment 7, and interviews with random staff, security staff and non-security staff, this standard is determined to be compliant.
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115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire

	GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan Memo – PREA / SART Team Members Interviews: Warden (Superintendent) Findings (by provision): 115.65 (a): The PAQ provided documentation of a written facility plan (GDC SOP 208.06, Attachment 7) which coordinates actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners and facility leadership. The auditor reviewed this plan and noted that specific duties for staff were listed which included staff first responders (security and non-security), medical and mental health practitioners, investigators and facility leadership. The facility also provided a memo from the Superintendent which specifies the SART Team members. The interview with the Warden (Superintendent) confirmed that the facility has a coordinated response plan which includes all of the staff as required by the standard. Based on a review of the PAQ, the GDC SOP 208.06, Attachment 7, the memo from the Superintendent, and the interview with the Warden (Superintendent), this standard is determined to be compliant.
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire

	Interviews: Agency Head Findings (by provision): 115.66 (a): The State of Georgia does not enter into collective bargaining. The interview with the Agency Head verified this. 115.66 (b) N/A Based on the PAQ, and the interview with the Agency Head, this standard is determined to be compliant.
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Attachment 7, Local Procedure Directive and Coordinated Response Attachment 8, Retaliation Monitoring Checklist Memo from the Superintendent regarding Retaliation Monitor Interviews: Agency Head Warden (Superintendent)

Designated Staff Member Charged with Monitoring Retaliation

Inmates Who Reported Sexual Abuse (none at the facility)

Inmates in Segregated Housing for Risk of Sexual Victimization or who have alleged to have suffered sexual abuse (none at the facility as of the dates of the on-site audit)

Findings (by provision):

115.67 (a): GDC SOP 208.06 states that 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 will be protected from retaliation by other inmates and staff. The facility has designated staff responsible for retaliation monitoring. The Memo from the Superintendent states that the Assistant Superintendent is assigned the duty of monitoring for retaliation against staff for reporting and for monitoring for retaliation involving inmates who report. This is specified in Attachment 7, Local Procedure Directive and Coordinated Response. Retaliation is monitored for up to a 90-day period or for as long as needed. Attachment 8 is used to document monitoring efforts.

115.67 (b): GDC SOP 208.06 specifies the facility's protection of staff and inmates against retaliation for reporting sexual abuse and sexual harassment. The policy states that the agency has established multiple protection measures which include housing changes or transfers for inmate victims or abusers, removal of the 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. Interviews with the Agency Head, Warden (Superintendent) and the Staff Member Charged with Retaliation indicated that protective measures would be taken to ensure the safety of the inmate or staff member from possible retaliation. All of these staff interviewed indicated the steps they would take to ensure safety. These steps included the requirements specified in the standard. There were no reports of sexual abuse in the previous 12 months.

115.67 (c): GDC SOP 208.06 states that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. The policy further states that the facility will monitor inmate disciplinary reports, housing or program changes or negative performance reviews or reassignments of staff. The

facility shall continue monitoring beyond 90 days if the initial monitoring indicates a continued need. The PAQ indicated that in the previous twelve months, there have not been any incidents of retaliation. The interview with the Warden (Superintendent) and the Designated Staff Member Charged with Retaliation indicated that when concerns of retaliation arise, the facility promptly implements actions to guarantee the safety and well-being of individuals at risk. This could entail heightened supervision, separation and the provision of emotional support, as well as appropriate discipline according to agency policy. These staff also stated that retaliation monitoring would continue for 90 days unless the inmate transferred or was released from their custody and would also continue beyond 90 days, if necessary. They both also stated that the monitoring would include a review of inmate's disciplinary reports, housing changes and/or program changes. Staff would be monitored for performance reviews and post assignment changes. Attachment 8 was provided for review. There were no allegations of sexual abuse at the facility in the previous 12 months.

115.67 (d): GDC SOP 208.06 states that the retaliation monitoring will include periodic status checks. All inmates at the facility are reviewed by their prison counselors every 30 days and the inmates are able to indicate to staff at that time if they have any concerns related to retaliation. The interview with the monitoring staff member indicated that the inmate would be reviewed for retaliation for at least 90 days and that periodic status checks would be completed with the inmate in person.

115.67 (e): GDC SOP 208.06 indicates that the facility will take appropriate measures to protect any individual who cooperates with an investigation or expresses fear of retaliation. The PAQ indicated that in the previous twelve months, there has not been an incident of any reported fear of retaliation. Interviews with the Agency Head, the Warden (Superintendent) and the PCM indicated that they would employ the same protective measures as previously stated to monitor retaliation for inmates and staff.

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

Based on a review of the PAQ, GDC SOP 208.06, Attachment 7, Attachment 8, the retaliation monitoring documentation, the memo from the Superintendent, interviews with the Agency Head, the PCM, the staff charged with retaliation monitoring, and the Warden (Superintendent), this standard is determined to be compliant.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Memo from the Superintendent – Protective Custody Safe Beds and Housing Assignments Interviews: Warden (Superintendent) Staff Who Supervise Inmates in Segregated Housing Inmates in Segregated Housing (for risk of sexual victimization / who allege to have suffered sexual abuse) – none during the on-site audit Observations: Segregated Housing Findings (by provision): 115.68 (a): GDC SOP 208.06 states that the facility shall assign offenders who are at high risk of victimization or who have reported a sexual abuse to involuntary segregated housing only until an alternative means of separation from like abusers can be arranged. The PAQ indicated that no inmates who alleged to have suffered a sexual abuse were involuntarily housed in segregated housing. There were no allegations of sexual abuse reported in the previous 12 months. An interview with staff indicated that the facility does not house inmates in segregation when they report a sexual abuse. The interview with the Warden (Superintendent) indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation

	from likely abusers could be arranged and it would only be for as little a time as possible to make such arrangements and in most cases, this would be no more than 24 hours. She also stated that there was not a need to do this in the past twelve months. There were no inmates housed in segregation for risk of sexual victimization during the on-site portion of the audit, therefore, there were no inmates to be interviewed. Based on a review of the PAQ, GDC 208.06, interviews with the Warden (Superintendent), random staff, and observations during the site review, this standard is determined to be compliant.
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Documentation of Investigator Certification Interviews: Investigative Staff Inmates Who Reported a Sexual Abuse – none at the facility Warden (Superintendent) PCM Findings (by provision):

115.71 (a) GDC SOP 208.06 states that all reports of sexual abuse or sexual harassment will be considered allegations and will be investigated. All investigators have received specialized training to conduct sexual abuse investigations. The local SART is responsible for the administrative investigation of all allegations of sexual abuse or sexual harassment. If the allegation is criminal in nature, the allegation will be reported to the Regional Director, Regional SAC and the Department's PREA Coordinator. There were no allegations of sexual abuse or sexual harassment at the facility in the previous 12 months. The interview with investigative staff confirmed that the investigations are completed promptly, thoroughly and objectively.

115.71 (b): Documentation was provided to the auditor of the specialized training for facility investigators who conduct sexual abuse investigations. This training is specialized for investigators in compliance with PREA standard 115.34. Interviews with investigation staff indicated that they had received specialized training.

115.71 (c): GDC SOP 208.06 specifies the investigative process. The policy states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and 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. There were no allegations of sexual abuse or sexual harassment at the facility in the previous 12 months. Interviews with investigative staff confirmed that an investigator would respond and investigate allegations of sexual abuse and sexual harassment immediately and all available evidence would be collected, reviewed and retained.

115.71 (d): GDC SOP 208.06 describes the investigation process. The policy states that when the quality of evidence appears to support criminal prosecution, 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 interview with the investigative staff confirmed that if the case appeared to support criminal prosecution, the Regional SAC would conduct any compelled interviews.

115.71 (e): GDC SOP 208.06 describes the criminal and administrative investigation process. The policy states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. The policy further states that no inmate who alleges sexual abuse will 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. Interviews with investigation staff indicated that the facility does not use

polygraphs or any such device in the process of the investigation. There were no reports of sexual abuse or sexual harassment at the facility in the previous 12 months.

115.71 (f): GDC SOP 208.06 describes the criminal and administrative investigation process. Specifically, it states that all administrative investigations will include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments and investigative facts and findings. The PAQ and interviews with investigative staff confirm that administrative investigations would be documented in written reports and include information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings. Investigation staff indicated that information related to staffing and staff actions are also reviewed and considered and included in the report. Staffing levels are reviewed, cameras are reviewed and interviews are conducted and the totality of the evidence would be collected, processed and analyzed.

115.71 (g): Criminal investigations are completed by the Regional SAC. All of the sexual abuse and sexual harassment allegations are reported to the facility investigator who then will refer a criminal case to the Regional SAC who will assign an agent or investigator who has received special training in Sexual Abuse investigations. There were no reports of sexual abuse at the facility in the previous 12 months, however, in the event of a sexual abuse allegation, the investigative staff relayed to the auditor that criminal investigations would be documented in written reports and include information related to the allegation, victim and suspect interviews, witness interviews, video evidence, if applicable, description of any physical evidence, if applicable, and investigative facts and findings.

The criminal investigator is not at the facility on a daily basis and was not able to be interviewed, however the facility investigator stated that criminal investigations are completed in a written document and that physical, testimonial and documentary evidence is included in all reports.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution, however, this is the decision of the Regional SAC. The PAQ indicated that there have been no allegations referred for prosecution since the last PREA audit. The interview with the facility investigator confirmed that if solid evidence was available and the elements were met for prosecution, that the case would be referred.

	115.71 (i): GDC SOP 208.06 describes the criminal and administrative investigation process. Specifically, it indicates that all written reports will be retained for as long as the alleged abuser is incarcerated or employed by the agency plus five years. A review of the older investigative files indicated that the facility maintains files pursuant to this standard's requirement. 115.71 (j): GDC SOP 208.06 describes the criminal and administrative investigation process. Specifically, it indicates that the departure of the alleged victim or alleged abuser from employment or custody of the agency does not provide a basis for terminating an investigation. The interview with the investigator confirmed that all investigations are completed no matter if staff leave/resign or if inmates depart the facility or agency's custody. 115.71 (k): The auditor is not required to audit this provision. 115.71 (l): The agency is responsible for conducting administrative investigations while the Regional SAC is responsible for conducting criminal investigations. Interviews with the Warden (Superintendent), PC, PCM and investigative staff confirmed this information. Interviews also indicated that they cooperate fully with the Regional SAC to provide any information needed and to stay abreast of the status of the investigations. Based on a review of the PAQ, GDC SOP 208.06, investigator training certificate, record retention and information from interviews with the Agency Head, Warden (Superintendent), PREA Coordinator, PCM, and investigative staff, this standard is determined to be compliant.
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents:

	Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Interviews: Investigative Staff Findings (by provision): 115.72 (a): GDC SOP 208.06 states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. There were no allegations of sexual abuse or sexual harassment at the facility in the previous 12 months. Interviews with investigative staff also confirmed that a preponderance of evidence was the standard used to justify a substantiated finding. Based on the PAQ, GDC SOP 208.06, and interviews with investigative staff, this standard is determined to be compliant.
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard Auditor Discussion Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Attachment 3, PREA Disposition Offender Notification Form Interviews: Warden (Superintendent)

Investigative Staff

Inmates Who Reported a Sexual Abuse – none at facility

Findings (by provision):

115.73 (a): GDC SOP 208.06 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation, the facility will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. Attachment 3 is the form documenting the notification to the inmate. The PAQ indicated that there were zero (0) allegations of sexual abuse in the past 12 months. The interviews with the Warden (Superintendent) and the Investigative staff confirmed that inmates are informed of the outcome of the investigation into their allegation.

115.73 (b): GDC SOP 208.06 states that the assigned investigator shall cooperate with the outside investigators and shall endeavor to remain informed about the progress of the investigations. In the past 12 months, there were no investigations completed by an outside agency.

115.73 (c): GDC SOP 208.06 describes the process for reporting investigative information to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation against a staff member, the agency will inform the inmate as to whether the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, if the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Attachment 3, PREA disposition Offender Notification form is used to document the notification of the investigation outcome to the inmate. There were no (0) allegations of sexual abuse in the previous 12 months.

115.73 (d): GDC SOP 208.06 describes the process for notification of investigative outcome to inmates. Specifically, it states that following an investigation into an inmate's sexual abuse allegation by another inmate, the agency will inform the inmate as to whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility or if the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The PAQ indicated that there have been no instances in which an inmate has been indicted on a charge related to sexual abuse within the facility in the previous twelve months. There has also not been an

	incident in which an inmate has been convicted on a charge related to sexual abuse within the facility in the previous twelve months. 115.73 (e): GDC SOP 208.06 describes the process for notification of investigative outcome to inmates. Specifically, it states that all notifications or attempted notification would be documented. The PAQ indicated that there were no (0) allegations of sexual abuse in the previous 12 months. 115.73 (f): This provision is not required to be audited. Based on a review of the PAQ, GDC SOP 208.06, Attachment 3 forms (notifications to inmates) and information from interviews with the Warden (Superintendent) and investigative staff, this standard is determined to be compliant.
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115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Findings (by provision): 115.76 (a): GDC SOP 208.06 describes the process for disciplinary sanctions against staff. Specifically, it indicates that staff are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. 115.76 (b): GDC SOP 208.06 indicates that termination will be the presumptive disciplinary sanction for staff who engage in the sexual abuse. The PAQ indicated that there were no staff members who violated the sexual abuse and sexual harassment

	policies within the previous twelve months. 115.76 (c): GDC SOP 208.06 describes the process for disciplinary sanctions against staff. And specifically states that disciplinary sanctions for violations of the agency's sexual abuse and sexual harassment policies shall be commensurate with the nature and circumstances of the act, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members with similar histories. There were no staff members who violated the sexual abuse and sexual harassment policies in the previous twelve months. 115.76 (d): GDC SOP 208.06 indicates that staff who are terminated for violating the sexual abuse or sexual harassment policies, or staff who resign prior to being terminated, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. There were no staff members who violated the sexual abuse and sexual harassment policies in the previous twelve months. The PAQ indicated that there were no staff members reported to law enforcement or relevant licensing bodies. Based on a review of the PAQ and GDC 208.06, this standard is determined to be compliant.
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115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Interviews: Warden (Superintendent)

	Findings (by provision): 115.77 (a): GDC SOP 208.06 states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and will be reported to law enforcement, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ indicated that within the previous twelve months there have been no contractors or volunteers who have been reported to law enforcement or relevant licensing bodies and in fact there have been no contractors or volunteers as subjects of investigations of sexual abuse or sexual harassment of inmates. 115.77 (b) GDC SOP 208.06 states that facility will take remedial measures and 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. The PAQ stated that there were no sexual abuse incidents involving any contractor or volunteer during this cycle. The interview with the Warden (Superintendent) indicated that any violation of the sexual abuse and sexual harassment policies would result in the volunteer or contractor having their access to the facility immediately revoked. Based on a review of the PAQ, GDC SOP 208.06 and information from the interview with the Warden (Superintendent), this standard is determined to be compliant.
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115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 GDC, SOP 209.01, Offender Discipline, 11/6/2017 Interviews: Warden (Superintendent)

Medical Staff

Mental Health Staff

Findings (by provision):

115.78 (a): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for inmates. Specifically, it states that inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a finding of guilt from a criminal investigation. The PAQ indicated there have been no (0) allegations sexual abuse within the previous 12 months.

115.78 (b): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for inmates. Specifically, it indicates that the sanctions will be commensurate with the nature and circumstances of the abuse committed, the inmates' disciplinary history and sanctions imposed for comparable offenses by inmates with similar histories. The interview with the Warden (Superintendent) indicated that disciplinary sanctions are determined case-by-case and will be in accordance with the agency's disciplinary guidelines.

115.78 (c): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for inmates. Specifically, it indicates that the disciplinary process will consider whether the inmate's mental illness or mental disability contributed to the behavior when determining what sanctions, if any, should be imposed. The interview with the Warden (Superintendent) indicated that the inmate abuser would be disciplined and would be subject to a loss of privileges as well as subject to criminal charges, if applicable.

115.78 (d): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for inmates. GDC SOP 208.06 states that mental health services shall be provided to prisoners designed to address and correct underlying reasons or motivations for abuse. Interviews with medical and mental health staff indicated that they do offer therapy, counseling and other services designed to address and correct underlying issues, but they do not require the inmate participation as a condition of access to programming and other benefits.

115.78 (e): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for inmates. Specifically, it indicates that the agency may discipline an inmate for sexual

	contact with staff only upon finding that the staff member did not consent. There have been no instances where inmates have been disciplined for sexual contact with staff in the previous 12 months. 115.78 (f): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for inmates. Specifically, it indicates that inmates will not be disciplined for falsely reporting an incident or lying if the sexual abuse allegation is made in good faith based upon reasonable belief that the alleged conduct occurred. There have been no instances where inmates have been disciplined for falsely reporting an incident of sexual abuse or sexual harassment in the previous 12 months. 115.78 (g): GDC SOP 208.06 and SOP 209.01 describes the disciplinary process for inmates. Specifically, it indicates that inmates are prohibited from all sexual activity and as such can be disciplined. The agency will only deem such activity to constitute sexual abuse if it determines that the activity is coerced. Based on a review of the PAQ, GDC 208.06, GDC SOP 209.01, and information from interviews with the Warden (Superintendent) and medical and mental health care staff, this standard is determined to be compliant.
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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 GDC, SOP, 508.15, Attachment 3 Mental health Services authorization for Release of Information SOP 507.04.85, Informed Consent Interviews: Inmates Who Disclosed Sexual Victimization at Risk Screening

Staff Responsible for Risk Screening

Medical Staff

Mental Health Staff

Observations:

Site review

Findings (by provision):

115.81 (a): GDC SOP 208.06 states that 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 a medical and mental health practitioner within 14 days of the screening. The PAQ states that in the past 12 months, all inmates who disclose prior victimization or sexually assaultive behavior would be offered a follow up meeting with a medical or mental health practitioner. During the on-site portion of the audit, one inmate was interviewed who reported prior sexual victimization during risk screening. This inmate indicated that he was offered a follow up meeting with mental health. Risk screenings were reviewed as well as medical documentation which indicated that the inmate was seen by medical and mental health.

115.81 (b): GDC SOP 208.06 states that all prisoners who have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the prisoner is referred for a follow-up with a medical or mental health practitioner within 14 calendar days of the intake screening. The PAQ indicated that 100% of inmates who previously perpetrated sexual abuse, as indicated during the screening, are offered a follow-up meeting with a mental health practitioner for the one inmate who reported prior sexual victimization during the risk screening. Staff who conduct risk screenings were also interviewed and stated that referrals are made to medical and mental health for inmates who have previously perpetrated sexual abuse.

115.81 (c): This provision is not applicable. The facility is a state prison and not a jail.

115.81 (d): GDC SOP 208.06 states that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments or as otherwise required by Federal, State, or local law. states that all information related to sexual victimization. The prisoner health record shall be maintained as a confidential document and stored securely. All employees, including contractual employees shall be responsible for maintaining the confidentiality of all health information regarding a prisoner. Maintaining confidentiality applies to both the release of documents from a prisoner's health record and providing information regarding a prisoner's diagnosis, healthcare and treatment whether in writing, electronically or verbally.

During the site review, the auditor observed the intake area and spoke informally to staff in that area. It was indicated that all inmates are received through this area. The initial risk screening is performed in a private setting. This initial screening assists staff in making housing determinations. The information is not limited to only medical and mental health staff. The PCM and some security staff as well as counselors also have access to the screening information to make decisions about inmate placement in housing, work, education and other program assignments. The documentation of the risk screening information. The documents are entered electronically in the SCRIBE system and the hard copy is shredded immediately. Electronic information is safeguarded by computer access only authorized to those staff whose position authorizes the access.

115.81 (e): GDC SOP 208.06 states that the Department shall provide prompt and appropriate medical and mental health services in compliance with SOP 507.04.85, Informed Consent and SOP 507.04.91, Medical Management of Suspected Sexual Assault. Interviews with Medical and Mental Health staff verified that they obtain informed consent from inmates prior to reporting prior sexual victimization. This information is also relayed to the prisoner population through the use of signage which specifies the limitations to confidentiality and informed consent. This signage is in English and Spanish. Attachment 3, Authorization for Release of Information is the PREA authorization for release of information.

Based on a review of the PAQ, GDC SOP 208.06, SOP 508.15, SOP 507.04.85, the Informed Consent signage, medical and mental health documents and information from interviews with staff who perform the risk screening, an inmate who reported a prior sexual victimization during risk screening and medical and mental health care staff, as well as observations of the area where the risk screening is conducted, this standard is determined to be compliant.

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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Attachment 5, Procedure for SANE Evaluation-Forensic Collection Medical PREA Log GDC, SOP, 507.04.91, Medical Management of Suspected Sexual Assault, 2/01/2022 Interviews: Medical Staff Mental Health Staff Inmates Who Reported a Sexual Abuse (none still at the facility as of the dates of the on-site audit) Security and Non-Security First Responders (there were no PREA incidents in the previous 12 months) Observations: Medical offices and emergency room and exam rooms Findings (by provision): 115.82 (a): GDC SOP 208.06 states that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services as determined by the medical and mental health practitioners and that employees shall provide appropriate and timely response to medical emergencies

consistent with the employee's training and the use of universal precautions. The PAQ indicated that medical and mental health maintain secondary materials documenting the timeliness of services. There were no allegations of sexual abuse at the facility during the previous 12 months.

During the site review, the auditor noted that the medical and mental health area had adequate staffing for both medical and mental health staff. Staff were observed conducting routine services and there was an emergency room which is available for immediate response. Interviews with medical and mental health care staff confirm that inmates receive timely services, typically immediately or within 24 hours, based on the nature of the allegation. Medical and mental health staff advised that services are based on their professional judgement.

115.82 (b): This PAQ indicated that if no qualified medical or mental health practitioners were on duty at the time of a report of recent abuse is made, that security staff first responders would take the preliminary steps to protect the victim pursuant to standard 115.62 and would notify the appropriate medical and mental health practitioners. The interview with the PCM indicated that medical and mental health staff are available at the facility at all times, however, security staff would always take steps to protect the victim and notify the appropriate medical and mental health staff. Interviews with first responders indicated that the inmate would be separated from the alleged abuser and would remain with the staff member.

115.82 (c): GDC SOP 208.06 states that inmate victims of sexual abuse shall be offered timely access to emergency contraception and sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate and that facilities shall offer medical and mental health evaluations and treatment that is determined medically necessary to prisoners who have been victimized by sexual abuse. Prisoner victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted diseases as deemed medically appropriate. Treatment for services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation. Attachment 5 is the procedure utilized for SANE Evaluation / Forensic Collection. There were no inmates who had reported a sexual abuse at the facility as of the dates of the on-site audit, therefore, no interviews with these inmates were able to be conducted. Interviews with medical and mental health care staff confirm that inmates receive timely information about access to emergency contraception and sexual transmitted infection prophylaxis.

115.82 (d): GDC SOP 208.06 states that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names

	the alleged abuser or cooperates with any investigation. This is also specified in SOP 507.04.91. Based on a review of the PAQ, SOP 507.04.91, SOP 208.06, Attachment 5, and information from interviews with medical and mental health care staff, and first responder staff, as well as observations of the medical / mental health area at the facility, this standard is determined to be compliant.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 GDC, SOP, 507.04.91, Medical Management of Suspected Sexual Assault, 2/01/2022 GDC, SOP, 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, 05/03/2018 Attachment 5, SANE Evaluation – Forensic Collection Interviews: Medical Staff Mental Health Staff Inmates Who Reported Sexual Abuse – none at facility Security Staff and Non-Security Staff First Responders Observations: Medical Treatment Areas

Findings (by provision):

115.83 (a): GDC SOP 208.06 states that the agency will offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse. SOP 507.04.91 and SOP 508.22 also specify this procedure directive. During the site review, the auditor noted that the medical area consisted of an emergency room type area as well as an exam room. The mental health area consisted of a few offices. All areas were private and allowed for adequate confidentiality.

115.83 (b): GDC SOP 208.06 states that evaluations and treatments of such victims will include follow up services, treatment plans, and when necessary, referrals for continued care following transfer or release from custody. Interviews with medical and mental health care staff confirmed that follow up services would be offered. A few of the services include assessment, individual counseling and follow-up counseling. There were no inmates at the facility during the dates of the on-site audit who had reported a sexual abuse, therefore, none were able to be interviewed.

115.83 (c): GDC SOP 208.06 states that medical and mental health services will be consistent with the community level of care. All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospital for forensic medical examinations. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): GDC SOP 208.06, Attachment 5 provides for female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

115.83 (e): GDC SOP 208.06, Attachment 5 provides that if pregnancy results from sexual abuse while incarcerated, victims will receive timely comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.83 (f): GDC SOP 208.06 states that victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate. Attachment 5, Procedure for SANE Evaluation- Forensic Collection indicates that all offender victims will be offered test and treatment for syphilis, gonorrhea, HIV and

	Hepatitis B. There were no inmates who had reported a sexual abuse at the facility in the previous 12 months. 115.83 (g): GDC SOP 208.06 and the memorandum from the Health Services Administrator state that inmate victims of sexual abuse will receive treatment services without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. There were no inmates at the facility who reported sexual abuse in the previous 12 months. Staff interviewed stated that inmates who reported sexual abuse would not be charged for any services they received. 115.83 (h): GDC SOP 208.06 states that a mental health evaluation of all known offender-on-offender abusers shall be attempted within 60 days of learning of the abuse and treatment will be offered when deemed appropriate in accordance with policy. Interviews with medical and mental health staff confirm that offender-on-offender abusers would be offered mental health services. D Based on a review of the PAQ, GDC SOP 208.06, SOP 508.22, SOP 507.04.91, Attachment 5, and information from interviews with medical and mental health care staff, this standard is determined to be compliant.
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Attachment 9, Sexual Abuse Incident Review Checklist Interviews:

Warden (Superintendent)

PCM

Member of the Incident Review Team

Findings (by provision):

115.86 (a): GDC SOP 208.06 states that the facility will 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. Attachment 9, Sexual Abuse Incident Review Checklist is the form utilized for the documentation. There were no reports of sexual abuse at the facility in the previous 12 months.

115.86 (b): GDC SOP 208.06 states that the facility will conduct sexual abuse incident reviews within 30 days of the conclusion of the investigation.

115.86 (c): GDC SOP 208.06 states that the review team will include upper-level management officials, with input from line supervisors, investigators and medical or mental health practitioners. The interview with the Warden (Superintendent) confirmed that these reviews would be completed in the event that there was a report of sexual abuse and the review would include upper management officials.

115.86 (d): GDC SOP 208.06 states that the review team will: consider whether the allegation or investigation indicates a need to change policy or practice; whether the incident or allegation was motivated by race, ethnicity, gender identity or sexual preference (identified or perceived), gang affiliation, or if it was motivated by other group dynamics; examine the area where the incident allegedly occurred to assess whether there were any physical barriers; assess the adequacy of staffing levels; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff, and prepare a report of its findings to include, but not necessarily limited to determinations or recommendations for improvement. A review of the sexual abuse review form (Attachment 9) indicated that all requirements were discussed during the review and documented on the form.

Interviews with the Warden (Superintendent), PCM and Incident Review Team Member confirmed that these reviews are being completed and they include all the required elements. Interviews indicated that the team will make adjustments to the staffing if

	necessary and will supplement video monitoring if necessary. Additionally, interviews indicated that any recommendations would be made and implemented that would benefit the facility and would alleviate the incident from occurring again. 115.86 (e): GDC SOP 208.06 states that the facility will implement the recommendations for improvement or document the reasons for not doing so. Interviews with staff indicate that if there were recommendations that the PCM would be the lead on ensuring they were implemented. Based on a review of the PAQ, GDC SOP 208.06, Attachment 9, and information from interviews with the Warden (Superintendent), the PCM and a member of the sexual abuse incident review team, this standard is determined to be compliant.
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115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Incident Demographic Information Aggregated Data – SSV 2022-2024 PREA Agency Annual Reports Findings (by provision): 115.87 (a): GDC SOP 208.06 states that the facility will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. A review of collected data confirmed that the facility utilizes the definitions set forth in the PREA standards.

	115.87 (b): The Annual Report was provided for 2023. A review of collected data confirmed that the facility aggregates sexual abuse data at least annually. 115.87 (c): GDC SOP 208.06 states that the facility will collect accurate uniform data for every allegation of sexual abuse and sexual harassment. It also indicates that the data will include at minimum, data to answer questions on the Survey of Sexual Victimization. A review of collected data confirmed that the facility utilizes the definitions set forth in the PREA standards. 115.87 (d): Information is obtained from incident reports and maintained by the PCM. The facility also maintains Incident Demographic Information. 115.87 (e): GDC SOP 208.06 states that the agency obtains incident based and aggregated data from every private facility with which it contracts for the confinement of inmates. This is captured on the Incident Demographic Form. 115.87 (f): The PAQ indicated that the facility provides information to the Department of Justice on the SSV form. Based on a review of the PAQ, the GDC Annual Reports, Incident Demographic Information and aggregated data, this standard is determined to be compliant.
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire Annual Report

Interviews:

Agency Head

PC

PCM

Observations:

Agency Website

Findings (by provision):

115.88 (a): The PAQ indicated that the facility reviews data annually in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes: identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and any corrective action. A review of annual reports indicate that reports break down the collected data by types of cases and the outcome of the investigations as well as compares the data from the current year with the prior year. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head and PC and PCM confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed.

115.88 (b): The PAQ indicated that the facility's annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. A review of annual reports indicate that reports break down the collected data by types of cases and the outcome of the investigations as well as compares the data from the current year with the prior year. Additionally, it includes problem areas and corrective action. Interviews with the Agency Head, PCM and PC confirmed that the report is done annually, that leadership meets to discuss the data and all allegations to determine if any improvements are needed.

115.88 (c): The PAQ indicated that the facility's annual report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head confirmed that he reviews the report and approves it annually. The report is then placed on their website. A review of the agency website confirmed that the current annual report as well as previous reports are available to the public online.

	115.88 (d): The facility does not include any identifiable information or sensitive information on its annual report and as such does not require any information to be redacted. Based on a review of the PAQ, the annual reports, the agency website, as well as information obtained from interviews with the Agency Head, PCM and the PC this standard is determined to be compliant.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents: Pre-Audit Questionnaire GDC, SOP, 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Prevention and Intervention Program, 6/23/2022 Photo of PREA File Cabinet Interviews: PC Findings (by provision): 115.89 (a): GDC SOP 208.06 states that the agency will ensure all data is securely retained. The PAQ as well as the interview with the PC confirmed that data is securely retained and that all electronic data is maintained in a centralized system. All paper files are under lock and key at the facility and Central Office. A photo of the PREA filing cabinet was provided to the auditor. 115.89 (b): GDC SOP 208.06 states that the agency will make all aggregated sexual abuse data readily available to the public annually through its website. A review of the website confirmed that the current annual report, which includes aggregated

	data, is available to the public online. 115.89 (c): The facility does not include sensitive information on its annual report and as such does not require any information to be redacted. A review of the annual report confirmed that no personal identifiers were publicly available. Information is also stored in SCRIBE database. 115.89 (d): The PAQ indicates that the facility maintains sexual abuse data that is collects for at least ten years after the date of initial collection. A review of the Agency's website confirmed that data is available from 2014 to present. Based on a review of the PAQ, GDC SOP 208.06, annual reports, the website, observation of hard copy storage as well as electronic storage of documentation and information obtained from the interview with the PC, this standard is determined to be compliant.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.401 (a). The facility is part of the Georgia Department of Corrections. All GDC facilities were audited in the previous three-year cycle. 115.401 (b): The facility is part of the Georgia Department of Corrections. The GDC has a schedule for all of their facilities to be audited within the three-year cycle, with one third being audited in each cycle. The facility is being audited in the audit cycle 5, year one. 115.401 (h) – (n): The auditor had access to all areas of the facility; was permitted to receive and copy any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/ correspondence from inmates. This notice was posted six weeks prior to the on-site audit. This notice was observed by the auditor and the information was accurate. Any documentation sent to the address posted was allowed to be sent through the legal mail process. This was verified through an informal conversation with mail room staff who were conducting legal mail processing during the time of the onsite audit.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403 The GDC Statewide PREA Coordinator ensures that all PREA Reports are published on the agency’s website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency’s website and easily accessible to the public. Bleckley Probation Detention Center was last audited on April 12 and 13, 2023. The facility was compliant with all standards. The auditor reviewed the Agency’s website and reviewed a sample of PREA reports as well as annual reports that were posted on the website.

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.)	yes
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.)	yes
	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	yes

	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)?	yes
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.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	yes
115.22 (a)	Policies to ensure referrals of allegations for investigations	

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

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

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

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

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

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

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

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

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

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

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	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.	no
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?	no
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).	na
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.)	yes
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.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

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

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

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

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

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