

# PREA Facility Audit Report: Final

**Name of Facility:** Clayton County Correctional Institution

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 09/30/2022

**Date Final Report Submitted:** 11/06/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Sharon Ray Shaver	<b>Date of Signature:</b> 11/06/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Shaver, Sharon
<b>Email:</b>	sharonrshaver@gmail.com
<b>Start Date of On-Site Audit:</b>	08/12/2022
<b>End Date of On-Site Audit:</b>	08/12/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Clayton County Correctional Institution
<b>Facility physical address:</b>	11420 S.L.R. Blvd, Lovejoy, Georgia - 30250
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Neysa Mayfield
<b>Email Address:</b>	Neysa.Mayfield@claytoncountyga.gov
<b>Telephone Number:</b>	(770) 473-5777

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Dennis Nelson
<b>Email Address:</b>	Dennis.Nelson@claytoncountyga.gov
<b>Telephone Number:</b>	7704735777

Facility PREA Compliance Manager	
<b>Name:</b>	Wesley Baker
<b>Email Address:</b>	wesley.baker@claytoncountyga.gov
<b>Telephone Number:</b>	
<b>Name:</b>	Kenya Weaver
<b>Email Address:</b>	kenya.weaver@claytoncountyga.gov
<b>Telephone Number:</b>	

Facility Health Service Administrator On-site	
<b>Name:</b>	Lisa Smith
<b>Email Address:</b>	lisa.smith@correcthealth.org
<b>Telephone Number:</b>	7704735777

Facility Characteristics	
<b>Designed facility capacity:</b>	256
<b>Current population of facility:</b>	237
<b>Average daily population for the past 12 months:</b>	238
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	32
<b>Facility security levels/inmate custody levels:</b>	Med / Min
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	60
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	3
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	3

AGENCY INFORMATION	
<b>Name of agency:</b>	Clayton County Government
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	112 Smith Street, Jonesboro, Georgia - 30236
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Ray Amey	<b>Email Address:</b>	ray.amey@claytoncountyga.gov

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
4	<ul style="list-style-type: none"> <li>• 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</li> <li>• 115.31 - Employee training</li> <li>• 115.41 - Screening for risk of victimization and abusiveness</li> <li>• 115.53 - Inmate access to outside confidential support services</li> </ul>
<b>Number of standards met:</b>	
41	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-08-12
2. End date of the onsite portion of the audit:	2022-08-12

### Outreach

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

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	256
15. Average daily population for the past 12 months:	238
16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	237
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The facility's mission is a designated work camp; offenders must be physically able to work in the community. Most offenders assigned to this facility have only a short time left on their sentence. The population consists of 30% minimum and 70% medium security levels. Demographics include: 51% white, 46% black, and 3% Hispanic.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	60
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	3
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The facility has 64 positions consisting of 3 administrative positions, 60 security positions, and 1 maintenance position.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>22</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The auditor selected all targeted interviewees first and then identified their housing units. Once the number of individuals already selected was categorized by their housing units, then the auditor selected the remaining random individuals from each of the housing units according to factors such as age, race, ethnicity, length of time in the facility, and work assignments to ensure a balanced representative number of interviewees from each of the living units.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The auditor's interviews with incarcerated individuals were based on guidance from the PREA Auditor Handbook and the PREA Compliance Audit Instrument, Interview Guide for Inmates. All interviews were conducted in a private office to ensure the individuals felt comfortable expressing concerns without prison staff being present. Interviews were conducted at various times during the audit day due to some of the individuals' work schedules. The official assigned population on the first day of the site visit was 228. The overall minimum number of individual interviews required for this population size is 20, with a minimum of 10 targeted. There was only one offender identified from a targeted category, so the auditor selected 9 additionally randomly selected offenders to replace the lack of targeted category offenders. The auditor interviewed all 21 individuals using questions from the Random Interview Questionnaire. All individuals selected were willing to participate in the interviews and appeared comfortable answering the question posed and discussing conditions at the facility. Every individual was aware of their right to be free from sexual abuse and sexual harassment, the facility's zero-tolerance policy, how to report sexual abuse and sexual harassment, and the right to be free from retaliation for making a report or participating in an investigation. The offenders told the auditor that they had seen the video at every facility where they had served time and that it was shown again upon arrival at CCCF. They understood that a report of sexual abuse/harassment could be made to staff, in writing or verbally, and by a third party if necessary. The offenders interviewed were aware of the community advocacy providers and how to access the information, stating that there were posters all over with the information posted. The auditor learned during the interviews that all individuals had been asked about their safety upon arrival by the Sr. Counselor, the designated staff to conduct the risk screening. All offenders expressed that they feel safe at this facility. When asked if they could take problems to staff, they all confirmed that there are staff who they could talk to if they had any type of problem. No safety concerns were expressed to the auditor, and they all conveyed the message that the facility enforces zero tolerance for any type of sexual activity. However, more than half of the offenders interviewed complained about the lack of privacy in the shower. When asked if there was a problem with opposite-gender viewing they all stated no; their issue was that other offenders could see them while showering. The auditor met no barriers to completing the interviews. All individuals selected willingly participated in the interviews.</p>
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**Targeted Inmate/Resident/Detainee Interviews**

<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>2</p>
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As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The auditor interviewed the ADA Coordinator and RN to confirm no individuals with a physical disability were assigned to the facility. In addition, the auditor spent time at the facility observing individuals in the living units and during work assignments and observed nothing that would indicate otherwise.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The auditor interviewed the ADA Coordinator and RN to confirm no individuals with a cognitive for functional disability were assigned to the facility. In addition, the auditor spent time at the facility observing individuals in the living units and during work assignments and observed nothing that would indicate otherwise.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The auditor interviewed the ADA Coordinator and RN to confirm no individuals who are blind or have low vision were assigned to the facility. In addition, the auditor spent time at the facility observing individuals in the living units and during work assignments and observed nothing that would indicate otherwise.</p>



<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The auditor interviewed the ADA Coordinator and RN to confirm no individuals who are deaf were assigned to the facility. In addition, the auditor spent time at the facility observing individuals in the living units and during work assignments and observed nothing that would indicate otherwise.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The auditor interviewed the PCM to confirm no individuals who disclosed sexual orientation as lesbian, gay, or bisexual were assigned to the facility. In addition, the auditor spent time at the facility observing individuals in the living units and during work assignments and observed nothing that would indicate otherwise.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>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).</b></p>	<p>The auditor interviewed the PCM to confirm no individuals who disclosed identification as transgender or intersex were assigned to the facility. In addition, the auditor spent time at the facility observing individuals in the living units and during work assignments and observed nothing that would indicate otherwise</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>The auditor reviewed the housing roster and searched for the names of offenders involved in the three investigative case files reviewed. All offenders involved in the cases reviewed were no longer at the facility.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>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).</b></p>	<p>Facility reported no individuals that meet this criteria.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>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).</b></p>	<p>The auditor interviewed staff who work the segregation unit, DWS, PCM, and Sr. Counselor to confirm no individuals have been placed in segregation for high risk of victimization. The auditor reviewed the status and reason for admission for the offenders who were housed in segregation during the audit and all were there for disciplinary reasons.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The auditor's interviews with targeted offenders were based on guidance from the PREA Auditor Handbook and the PREA Compliance Audit Instrument, Interview Guide for Inmates. All interviews were conducted in a private office to ensure the offenders felt comfortable expressing concerns without prison staff being present. The facility explained that they have no offenders with disabilities because they are a work camp, and all offenders assigned to the facility must be physically able to go into the community and work. They provided the name of one offender identified as bilingual, and the auditor selected this offender for an interview; upon meeting the offender, it was clear that he did not need an interpreter. The facility reported no offenders had disclosed prior sexual victimization during the risk screening; however, one offender disclosed to the auditor during the interview an incident of prior victimization before coming to prison. He stated that he did not disclose this information upon arrival at CCCF. He did not want a referral to mental health and said that this had already been done at a prior facility. The minimum number of targeted individuals required for interview for the current population is 10; however, the auditor was unable to identify enough targeted and selected other offenders randomly as replacements. The auditor met no barriers to completing the interviews.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Before the onsite portion of the audit, the facility provided the auditor with a full staff roster and lists of staff who perform specialized duties. Additionally, during the PCM interview, additional staff were identified who would be interviewed. A total of 12 random interviews were conducted during this facility's audit, in addition to informal conversations held during the tour. Interviews covered security and non-security staff, supervisors and line staff, and those staff from all tours and shift assignments. Employees were forthcoming and seemed comfortable talking to the auditor. All staff were very knowledgeable about their responsibilities related to PREA and could explain to the auditor the various elements of the facility's PREA training. None of the staff interviewed had been a first responder on an incident of sexual abuse, but all could explain the steps that would be taken if necessary. The auditor met no barriers to completing interviews or ensuring representation.</p>
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**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.

<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>26</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input type="checkbox"/> Intake staff</li> <li><input type="checkbox"/> Other</li> </ul>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>2</p>

<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>Before the onsite portion of the audit, the facility provided the auditor with a full staff roster and lists of staff who perform specialized duties. Additionally, during the PCM interview, additional staff were identified who would be interviewed. A total of 26 staff were interviewed (12-random; 13-specialized). Staff at CCCF wear many hats, so multiple instruments were administered to several people due to their wide range of responsibilities at the facility. A total of 27 specialized questionnaires were administered. Additionally, the auditor interviewed the Training Coordinator and the Grievance Coordinator.</p>

## 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.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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### Was the site review an active, inquiring process that included the following:

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>Clayton County Correctional Facility (also known as Clayton County Prison) (CCCF), located at 11420 S.L.R. Boulevard in Lovejoy, Georgia, is governed by the Clayton County Board of County Commissioners. The CEO of the prison is the Warden, who is also responsible for Code Enforcement Operations, Refuse Control, Transportation, and the Development Grass-Cutting Section. The CCCF houses only state-convicted offenders through a contract with the Georgia Department of Corrections (GDC). The facility works closely with the GDC and abides by the GDC's standard operating procedures for the management of the offenders in their care. The facility has a current capacity of 258. The site visit was conducted on August 12, 2022, and the auditor inspected every area of the facility during the tour. The areas visited during the tour included all four housing units; segregation unit; visitation/multi-purpose room; intake/ID area; laundry services area; kitchen; dining; control room; medical; administration; and the outside grounds. The facility was clean and sanitized; offender population movement was orderly and controlled. Offender living units were inspection-ready, with beds and lockers kept orderly. Staff and offenders were respectful to the auditor and provided all information requested by the auditor. The auditor observed sexual abuse awareness posters, advocate contact, and the Notice of Audit posters in each living unit and other areas throughout the facility.</p> <p>There are four general population housing units (Dorms 1, 2, 3, 4), each equipped with a day room, living domain, restroom, and showers. Each dormitory houses up to 64 offenders. Two cameras are installed in each housing unit. The Segregation Unit consists of six cells (3-single/3-double). Each Segregation cell has a toilet and sink. There is a separate shower area in the segregation unit. The segregation unit has one camera located in the hallway. The facility has 30 cameras monitoring various areas of the facility. All cameras are monitored from the Control Room. Additional staff has access to monitor these cameras, including the Warden and Deputy Wardens, and other staff as designated by the Warden. The auditor checked all camera views and found none that violated the opposite-gender viewing standards. The facility runs three shifts. Officers assigned to administrative post duties (training, key control, ID, property, etc.) work staggered hours to accomplish these duties and assist with security coverage as needed. Offenders are supervised during their work details in the community by Officers specifically assigned to these details. Each detail averages between 8-10 participants. A Captain and Sergeant manage the Outside Detail activities and operations. Most of the institutional programming is held on 2nd shift in the multi-purpose room. Limited programming occurs at CCCF because this is a work camp; however, the facility offers Thinking for Change, Motivation for Change, and Re-entry. Programming is conducted by counseling staff; community providers hold GED classes and religious services. The auditor placed a test call to the posted PREA Hotline number and was provided an email confirmation of the test call being received on the next business day.</p> <p>The Clayton County Prison provides low-cost labor across the spectrum of nearly all county departments and agencies, the Water Authority, and several Clayton County municipalities. Offenders perform a variety of jobs (many are skilled) that would be cost-</p>

prohibitive at the current level if performed by paid County employees. These jobs include major renovation work and minor construction for county government and separate municipalities; carpentry, plumbing, painting, electrical, and HVAC work in county buildings; cleaning of all county buildings; cleaning and maintaining grounds and facilities in all county parks and buildings; collecting roadside refuse and clearing road rights of way, lawn maintenance at various county departments; paving roads, installing sidewalks, digging and clearing ditches and catch basins; clearing dangerous intersections of trees and brush; and responding to severe weather clearing requests; operating landfill transfer station, metal separation point, chipper/shredder, heavy earthmoving equipment, and a recycling facility; making and installing traffic signs; installing and maintaining signal equipment. Most of these offenders work in the public sector on county and state roads and right-of-ways and in and around public buildings and real property.

The facility was initially found non-compliant with 115.15 and 115.41. The auditor made a follow-up visit to the facility on September 8 to check the status of the CAP progress, to reinspect the bathroom areas, and to collect additional documentation. On October 28, 2022, the facility gave the auditor the necessary documentation to demonstrate full compliance with 115.41. Detailed information about this compliance determination is found in the respective narrative within this report.

**Documentation Sampling**

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

**90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?**

- Yes
- No

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

Correspondence between the auditor and the facility's designated PREA Coordinator and Compliance Manager began on July 8, 2022, and the audit was initiated in the OAS on July 15, 2022. Audit notices were issued to the facility on July 13, 2022, with instructions for posting. The PCM notified the auditor on July 19, 2022, that the Notice of Audit posters had been posted as instructed. Once uploads were finalized by the facility, the auditor began reviewing the Pre-Audit Questionnaire and documents using the PREA Compliance Audit Instrument and the Checklist of Policies and Procedures, and other documents to create a log of additional information to be requested from the facility. A schedule for the site visit was established between the auditor and the facility, and travel arrangements were secured directly by the auditor. As needed, written requests by email were submitted to the facility for additional documents or clarification of the documents provided. All requests for additional information were responded to promptly and comprehensively. Additional correspondence occurred between the auditor and the facility up to the site visit and during the post-audit period. The facility and auditor communicated regularly by phone and email during the CAP period. A web search of the facility revealed no derogatory information relevant to this audit. No relevant litigation, no DOJ involvement, no federal consent decrees, or local oversight was discovered during the search. The auditor reviewed various relevant memorandums and other documents provided by the facility. These documents are listed in the narrative section for their respective standard discussion.



Various policies, forms, contracts, and additional working documents were reviewed, evaluated, and triangulated against information obtained from interviews and personal observations during the site visit, which were instrumental in determining compliance with the PREA Standards. As noted earlier in this report, CCCF contracts with the GDC for the confinement of state offenders and must follow the GDC Standard Operating Procedures (SOP). These SOPs are indicated by Policy; CCCF policies are indicated by LOP (Local Operating Procedures). The related GDC policies are included in this list as they were used in making compliance determinations for multiple standards. Listed below is a summary of policies reviewed and evaluated during this audit.

- LOP 104.1 Prison Rape Elimination Act
- LOP 104.1A Facility PREA Staffing Plan
- Policy 103.06 Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders
- Policy 103.10 Evidence Handling and Crime Scene Processing
- Policy 104.09 Filling A Vacancy
- Policy 104.18 Obtaining and Using Records for Criminal Justice Employment
- Policy 208.06 PREA Sexually Abuse Behavior Prevention and Intervention Program
- Policy 209.01 Offender Discipline
- Policy 209.06 Administrative Segregation
- Policy 220.09 Classification and Management of Transgender and Intersex Offenders
- Policy 226.01 Searches, Security Inspections, and Use of Permanent Logs
- Policy 227.07 Grievance Policy
- Policy 504.07.85 Informed Consent
- Policy 507.04.91 Medical Management of Suspected Sexual Assault, Abuse or Harassment
- Policy 508.15 Attachment 3 Mental Health Authorization for Release of Information
- Policy 508.22 Mental Health Management of Suspected Sexual Abuse or Sexual Harassment

## **SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	2	0	2	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	2	0	2	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	1	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	1	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	2	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	2	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	The (3) allegations were all classified as sexual harassment cases.
<b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

<b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>

<p>109. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p>111. Enter the total number of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
<p><b>SUPPORT STAFF INFORMATION</b></p>	
<p><b>DOJ-certified PREA Auditors Support Staff</b></p>	
<p>115. Did you receive assistance from any <b>DOJ-CERTIFIED PREA AUDITORS</b> at any point during this audit? <b>REMEMBER:</b> the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>Non-certified Support Staff</b></p>	
<p>116. Did you receive assistance from any <b>NON-CERTIFIED SUPPORT STAFF</b> at any point during this audit? <b>REMEMBER:</b> the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

# AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<ul style="list-style-type: none"><li><input checked="" type="radio"/> The audited facility or its parent agency</li><li><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</li><li><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</li><li><input type="radio"/> Other</li></ul>
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## 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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1394 331">Evidence Reviewed: LOP 104.1; SOP 208; CCCF Organizational Chart; SART Member Assignment Memorandum; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 360 1485 555">115.11(a): Clayton County Correctional Facility (CCCF) has a written policy, LOP 104.1, mandating zero tolerance toward all forms of sexual abuse and sexual harassment in its facility. This policy outlines the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The definitions outlined in the policy are consistent with definitions in the Prison Rape Elimination Act of 2003 (PREA). Additionally, the CCCF is required to observe the Georgia Department of Corrections policy 208.06 due to their incarcerated population consisting of state-sentenced offenders. The CCCF LOP 104.1 is in alignment with the GDC policy 208.06, and both are compliant with the requirements of this standard.</p> <p data-bbox="242 584 1490 947">115.11(b)(c): CCCF operates one facility and is thereby exempt from designating a separate coordinator and compliance manager. Coordination of PREA efforts is overseen by the Deputy Warden of Security (DWS), the designated PREA Compliance Manager (PCM) for the facility. The auditor reviewed a memorandum dated July 14, 2022, from the Warden confirming this designated assignment. Based on a review of the CCCF's Organization Chart and interviews with both the Warden and DWS, the PREA Coordinator/Compliance Manager is an upper-level executive team member who reports directly to the Warden. An interview with the DWS confirmed that he has adequate time and authority to carry out his duties in overseeing the facility's PREA program and does so with the assistance of the Senior Counselor who assists with the PREA-related duties. The auditor observed a culture at CCCF that supports zero tolerance for any type of sexual misconduct; interviews confirmed staff and inmate knowledge and awareness of policies related to preventing, detecting, and responding to incidents of sexual abuse and harassment. The PCM's efforts are supported by a designated Sexual Abuse Response Team (SART).</p> <p data-bbox="242 976 1461 1037">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>



115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Responses to PAQ; Information Obtained from Interviews.</p> <p>115.12(a)(b): CCCF does not contract for the confinement of its offenders with private agencies or other entities; therefore, the facility meets this standard through non-applicability.</p>

115.13	<b>Supervision and monitoring</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1423 331">Evidence Reviewed: LOP 104.1; LOP 104.1A, Facility PREA Staffing Plan; Post Assignment Sheets; Logbook Entries; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 360 1490 925">115.13(a)(c): CCCF has developed and documented a staffing plan that provides adequate staffing levels and, where applicable, video monitoring to protect offenders against abuse. The facility reports the average number of inmates since the last PREA audit was 241, and the average daily number of offenders on which the staffing plan was predicated is 256. LOP 104.1 requires the Chief of Security, in consultation with the DWS, to establish a written staffing plan to ensure proper supervision and monitoring of offenders. Interviews with the Warden and DWS/PC confirmed that the staffing plan is based on the number of positions allocated, determined by the offender capacity of the facility. Other factors that are taken into consideration include the composition of the offender population, facility layout, video camera monitoring capabilities, number and location of showers, outside detail commitments, institutional programs, and applicable State or local laws, regulations, or standards. The facility has no findings of inadequacy from Federal investigative agencies or internal or external oversight bodies. The facility is in the process of deploying additional cameras to enhance safety. The facility's layout and ample window coverage provide direct visibility by the staff of offenders while in the housing unit and dayrooms from the Central Control Room, in addition to floor officers who are responsible for making regular rounds within the housing units. All cameras are monitored by the Central Control Room and can also be viewed from the Warden's Office, Deputy Warden's Offices, and other designated computers, as needed and approved by the Warden. The facility provided a copy of the 2021 Staffing Plan which supports an annual review. The auditor also observed a whiteboard in the administrative area that displayed a diagram of all positions at the facility, indicating those filled and those vacant demonstrating constant monitoring and review of the staffing needs for the facility.</p> <p data-bbox="242 954 1477 1283">115.13(b): LOP 104.1 requires deviations from the staffing plan to be documented on the Post Assignment Sheet with justifying reasons. The auditor reviewed randomly selected Post Assignment Sheets that confirmed these deviations are properly documented. Additionally, LOP104.1A requires all shifts to cover required posts adequately and to document any deviations from the staffing profile. Officer shortages must be annotated on the Post Assignment Sheet and in the Control Room Logbooks. When a shift is short-staffed, an officer is held over from the previous shift; all staff is subject to be called back to assist with shift coverage if necessary. All deviations are reviewed by the Warden or designee. CCCF is required to provide its annual staffing plan assessment to the GDC PREA Coordinator for review and approval. The most common reasons for deviations from the staffing plan are staff call-outs and emergencies. From the auditor's observations during the site visit and through review of Control Room Logbooks and Post Assignment Sheets, CCCF maintains staffing to supervise the offender population adequately.</p> <p data-bbox="242 1312 1477 1675">115.13(d): LOP 104.1 requires Shift Supervisors to make daily unannounced rounds throughout the facility to identify and deter sexual abuse and sexual harassment and document these rounds in the shift supervisor's logbook. The Duty Officer is required to document at least one PREA round per week and document it in the Duty Officer Logbook. The auditor selected seven random historical dates to review logbook entries to verify that intermediate-level supervisors are making frequent, irregular regular rounds. The facility provided these documents, which confirmed a well-implemented practice of supervisory rounds and clear documentation they are occurring. Additionally, the auditor reviewed current documentation in the Control Room Logbook, Duty Officer Logbook, and Supervisor Logbook during the site visit, which further confirmed this practice. Furthermore, interviews with staff and offenders confirmed that these rounds are made during day and night shifts and on weekends and holidays. LOP 104.1A establish that unannounced PREA rounds made by intermediate-level or higher-level supervisors are not to be discussed or alerted by the supervisor or any other staff member when they occur. Interviews with random staff confirmed their awareness and understanding of this policy.</p> <p data-bbox="242 1704 1458 1765">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: PAQ; Population Roster; Information Obtained from Interviews.</p> <p>115.14(a)(b)(c) CCCF houses only adult offenders; therefore, the facility meets this standard through non-applicability.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1422 331">Evidence Reviewed: LOP 104.1; SOP 208.06; SOP 226.01; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 360 1497 656">115.15(a)(c): SOP 226.01 defines the terminology used in the search policy and requires that except in exigent circumstances, a strip search shall be conducted by a staff member of the same gender as the offender being searched. The policy requires that if a staff person at CCCF facility performs an opposite-gender unclothed body search, an Incident Report must be written. All searches must avoid unnecessary force, embarrassment, or indignity to the subject. Interviews with watch commanders, supervisors, and random staff confirmed that opposite-gender strip or visual body cavity searches have not occurred within the audit period; however, they are aware that should a search of this nature be necessary, it must be documented in an incident report. Interviews with medical staff confirmed that there had been no cross-gender strip or cross-gender visual body cavity searches conducted by the medical department within the audit period. The facility indicated on the PAQ that there were no cross-gender strip or cross-gender visual body cavity searches of individuals in the last 12 months.</p> <p data-bbox="242 685 1066 714">115.15(b): CCCF is a designated male facility, and this provision is non-applicable.</p> <p data-bbox="242 743 1490 1106">115.15(d): LOP 104.1 implements procedures that enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing the breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine dorm checks or cell checks. The policy further requires that staff of the opposite gender announce their presence when entering an offender housing unit. This includes the officer assigned to the dorm. The auditor observed the opposite-gender announcement being made appropriately by staff throughout the site visit. During the facility tour, the auditor inspected the showers and toilet areas. During interviews, Offenders complained about the lack of shower curtains for privacy, and some said there was a direct view from the central control to the showers where female staff routinely work. The auditor checked camera views and determined cameras do not allow cross-gender viewing capabilities. The auditor observed the line of sight from the control room into each housing unit, and there was no viewing into areas offenders use to shower, to perform bodily functions, and to change clothing that would allow staff of the opposite gender to view the breasts, buttocks, or genitalia from the control room or general areas of the housing unit.</p> <p data-bbox="242 1135 1485 1296"><u>Corrective Action Made During Post-Audit Period:</u> Although the new transition center section is still under construction, the auditor requested the facility address mitigation of the view from the corridor and supervisor's office into the bathroom area where the shower and some toilets were visible. The auditor conducted a follow-up site visit within the post-audit period after receiving the notification from the facility that the issue had been addressed. The auditor's inspection confirmed that the view into the restroom area from the corridor and office had been eliminated.</p> <p data-bbox="242 1326 1474 1554">115.15(e): LOP 104.1 directs that an unclothed body search must not be conducted for the sole purpose of determining an offender's gender. This prohibition applies to transgender, gender non-conforming, or intersex offenders/residents. If the individual's genital status needs to be known for treatment or the offender's/resident's safety, it may be determined through conversations with the offender/resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Interviews with security and non-security staff confirmed that these types of searches are prohibited and that none have occurred. The facility reports that there have been no such searches conducted in the last 12 months.</p> <p data-bbox="242 1583 1482 1848">115.15(f): LOP 104.1 specifies that CCCF shall not conduct cross-gender searches of male offenders absent exigent circumstances, regardless of the search type. CCCF trains security staff to conduct opposite-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible, consistent with security needs. The auditor's review of the PREA Supervision of Offenders Including Sexual Abuse &amp; Assault training curriculum confirms that the facility trains security staff in how to conduct proper searches of all offenders, respectfully and professionally, and in the least intrusive manner possible, consistent with security needs; which includes opposite gender, transgender, intersex offenders. Interviews with the training officer, random staff and supervisors, and staff training rosters provided by the training officer confirmed this training is held annually.</p> <p data-bbox="242 1877 1461 1937">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.16	<p data-bbox="231 71 1508 1256"><b>Inmates with disabilities and inmates who are limited English proficient</b></p> <p data-bbox="231 145 1508 190"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="231 212 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 268 1508 336">Evidence Reviewed: LOP 104.1; SOP 208.06; Lions Bridge Users Guide; LanguageLine Contract (8/26/22) Observations During Site Visit; Observations Made During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="231 358 1508 963">115.16(a)(b)(c): LOP 104.1 requires facility staff to assess individuals during orientation to identify those with special concerns or needs. Assessment includes written assessments as needed, interviews, and observations of behavior. Facility staff must provide orientation materials for all individuals, including translations or alternative formats for those identified at intake or during orientation whose primary language is not English, who have sight and hearing barriers, or who have literacy barriers. Additionally, the staff is further required to assist offenders/residents in understanding orientation and Prison Rape Elimination Act (PREA) materials. During the facility tour, PREA posters in both English and Spanish were observed posted throughout the facility. The most common non-English language the facility encounters among the offender population is Spanish; therefore, literature is available for distribution to offenders whose primary language is Spanish. The Senior Counselor is the designated person who delivers the PREA education and conducts the screening. During his interview, the Senior Counselor explained when he conducts the risk screening, which is conducted within a few hours of the offenders' arrival at the facility, he obtains information to determine if the offender has any developmental, physical, mental, or cognitive disability at which time he makes any necessary accommodations to ensure the offender understands the information being presented. Due to the mission of the facility, offenders who are assigned to the facility by the GDC are screened for appropriateness and physical ability to work in the community on details; therefore, the facility has not received any offenders who were deaf or blind or had a significant disability that prevented their participation in the orientation provided. The Auditor reviewed the current LanguageLine contract (08/26/22) and verified that services are available. The auditor interviewed one offender who was identified as LEP but discovered during his interview that he is bilingual (English/Spanish) and did not require an interpreter.</p> <p data-bbox="231 985 1508 1153">115.16(c): LOP 104.1 requires the use of qualified interpreters and forbids the use of offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first response duties under 28 CFR 115.64, or the investigation of the offender's allegations. A memo from the facility ADA Coordinator states that there have been no instances where assistance was needed for HOH, blind, cognitively impaired, illiterate, or language interpretation.</p> <p data-bbox="231 1176 1508 1243">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.17	<b>Hiring and promotion decisions</b>
	<p data-bbox="240 143 740 172"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1489 365">Evidence Reviewed: LOP 104.1; LOP 407.1; GDC SOP 208.06; GDC SOP 104.09, GDC SOP 104.18; Applicant Verification Form; Contractor/Volunteer Verification Form; Professional Reference Check Form; Background Check Tracker; Volunteer Files; Contractor Files; Personnel Files; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 394 1489 925">115.17(a)(b)(f)(g): LOP 104.1 and 407.1 collectively establish that the facility will not hire or promote anyone who may have contact with offenders and shall not enlist the services of any contractor who may have contact with offenders, who has engaged in sexual abuse or sexual harassment in a prison, or other confinement facility; 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 not able to consent or refuse; has been civilly or administratively adjudicated to have engaged in sexual activity in the community facilitated by force implied force, coercion, or the victim did not give consent or was unable to give consent. During interviews with the HRM and the DWS, the auditor confirmed that all employees are asked about prior misconduct as described in subpart (a) during the hiring process and then again before a promotion. The facility uses the Applicant Verification form for employees and the Contractor/Volunteer Verification form for contractors and volunteers, which asks the misconduct questions from provision (a) and requires a response from the applicant/employee/contractor/volunteer, then requires their signature attesting that the information provided is truthful and that any false responses may subject the applicant/employee to termination or disqualification for employment. A review of 9 new employee personnel records found that all contained documentation where the employee had been asked these questions. LOP 104.1 considers material omissions regarding sexual misconduct or the provision of materially false information grounds for termination. Additionally, the facility requires an affirmative continuing duty to report such misconduct. This information is conveyed through policy and during the mandatory in-service training held annually.</p> <p data-bbox="240 954 1489 1350">115.17(c)(d)(e): Before hiring new employees who may have contact with offenders, the facility performs a Criminal History Record check on all employees and volunteers before the stated date and again annually. A tracking system is monitored by the HRM to ensure these checks are conducted within the appropriate timeframes, and according to policy, for each person with access to the facility. The auditor confirmed this practice through a review of 19 personnel records, 2 contractor files, and 3 volunteer files, a review of the current tracking system spreadsheet, and conducting interviews with the HRM and DWS. Before hiring new employees who may have contact with offenders, the facility makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. CCCF utilizes the Professional Reference check form to obtain information from prior employers, consistent with the requirements of this standard. In addition to confirming this practice through interviews with the HRM and the DWS, the auditor reviewed 5 files of employees who worked in a facility before employment with CCCF and found documented evidence that the prior employer was contacted to obtain information about any substantiated allegations of sexual abuse and if the employee resigned during an investigation.</p> <p data-bbox="240 1379 1489 1541">115.17(h): Based on an interview with the HRM and DWS, the facility 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 the employee has applied to work. The facility requires a signed release of information from the prior employee, and the requests must be provided in writing. The facility has had no recent requests for such information, so there were no examples to provide for the auditor's review.</p> <p data-bbox="240 1570 1461 1632">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: LOP 104.1; LOP 104.1A; Staffing Plan; Memo From Deputy Warden; Observations During Site Visit; Information Obtained During Interviews.</p> <p>115.18(a)(b): During the audit, the facility was still undergoing construction for modifications to the Segregation unit and the addition of transitional center beds. Minutes and a memorandum from the DWS were reviewed, showing discussion was held involving consideration of the impact that these new construction modifications will have on sexual safety. A review of the staffing plan demonstrates the facility considered how construction changes and technology may enhance the agency's ability to protect offenders from sexual abuse. Additionally, the facility provided a list of twelve (12) new cameras installed in various locations, including offender dayrooms, dining area, and kitchen.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1401 329">Evidence Reviewed: LOP 104.1; SOP 208.06; SOP 103.06; SOP 103.10; Sexual Abuse, and Sexual Harassment of Offenders; SOP 208.06; Procedure For SANE Evaluation/Forensic Collection; Information Obtained from Interviews.</p> <p data-bbox="240 360 1485 757">115.21(a)(b): LOP 104.1 directs that the facility SART (Sexual Abuse Response Team) is responsible for the initial inquiry and subsequent administrative investigation of all allegations of sexual abuse or sexual harassment, with limitations. In accordance with GDC SOP 208.06, the facility will refer allegations of potentially criminal behavior to the GDC Office of Professional Standards (OPS) for an investigation. Policy 104.1 provides procedures for the secure and legal collection, storage, preservation, and disposal of evidence. These procedures outline a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, including securing a crime scene, evidence collection and handling, logging and depositing evidence, management of evidence storage area, retention of evidence, and evidence release or disposal. The agency's protocols are aligned with GDC SOP 103.10 and "A National Protocol for Sexual Assault Medical Forensic Examinations (Adults/Adolescents), 2nd Edition, which was developed after 2011. Three forms are utilized by the facility and OSI investigators to ensure the agency's protocols are followed: Evidence Collection, Handling, and Login Checklist; Securing a Potential Crime Scene Checklist; and Evidence Inventory Report.</p> <p data-bbox="240 788 1485 1350">115.21 (c): Policy 104.1 proscribes when there is a report of a recent incident of sexual abuse or there is a strong suspicion that a recent sexual assault occurred, a physical examination of the alleged victim should be conducted (with the consent of the individual), and the SANE protocol should be initiated, (Attachment 7 — SANE Nurse Evaluation). The SANE examination shall be provided at no cost to the offender, and he must give consent for the examination. For those offenders that are unable to consent or are incapacitated, the GDC may authorize the collection of forensic evidence. Physical evidence collection may also include an examination of and collection of physical evidence from the suspected perpetrator(s). The medical exam will be conducted at Southern Crescent Sexual Assault and Child Advocacy Center (SCSAC-CAC). A SART team member or designee will contact the crisis line at 770-477-2177 to arrange the exam. This procedure shall be handled in accordance with SOP 208.06 Attachment 7, SANE Nurse Protocol. The sexual assault victim will be transported to the facility located at 2 West Main Street Hampton, Georgia 30228 escorted by two officers. SOP 208.06 Attachment 5, Procedure For a SANE Evaluation/Forensic Collection provides that alleged victims may refuse treatment. Individuals refusing to be evaluated following a report of sexual abuse shall be counseled regarding the medical and legal implications of foregoing the evaluation. This shall be thoroughly documented in the medical record and on a refusal of treatment form. CCCF reports no incarcerated individuals required a SAFE/SANE exam in the previous twelve months. An interview with the facility nurse confirmed these protocols and that there had been no incidents requiring initiation of the SANE protocols during the audit period. The auditor's review of the three case files further confirmed no allegations of a nature that required a SANE examination.</p> <p data-bbox="240 1382 1485 1541">115.21(d)(e)(h): CCCF has a Memorandum Of Understanding (MOU) with SCSAC to make available a victim advocate to offenders being evaluated for the collection of forensic evidence. Additional services provided by the MOU include: acting as an outside responding agency and having a 24-hour phone line accessible; responding to requests to provide advocacy when an incarcerated survivor requests community-based sexual assault advocacy (investigatory, follow-up interviews, and follow-up advocacy); assisting in coordinating on-going contact with a survivor who is incarcerated at CCCF.</p> <p data-bbox="240 1572 1465 1666">115.21(f): Sexual abuse allegations that involve criminal activity are referred to the GDC OPS for investigation. A review of the GDC OPS policy for investigations and an interview with the GDC PREA Coordinator confirmed that they follow the requirements of provisions (a)-(e) of this standard.</p> <p data-bbox="240 1697 1422 1756">Based on the review, analysis, and evaluation of the stated evidence, the facility has demonstrated compliance with all provisions of this standard.</p>



115.22	<p data-bbox="231 71 1508 1227"><b>Policies to ensure referrals of allegations for investigations</b></p> <p data-bbox="231 129 1508 190"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 264 1508 324">Evidence Reviewed: LOP 104.1; SOP 103.10; SOP 208.06; Sexual Allegation Response Checklist; Information Obtained from Interviews.</p> <p data-bbox="231 353 1508 884">115.22(a)(b)(c): LOP 104.1 provides an administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the GDC OPS. The GDC OPS is the legal authority to conduct sexual abuse/harassment criminal investigations for CCCF, as established through SOPs 208.06 and 103.10. The facility's SART is responsible for the initial inquiry into allegations of sexual abuse/harassment and responsible for conducting the administrative investigation unless the circumstances of the case dictate that the GDC OPS has jurisdiction. Attachment 4, Sexual Allegation Response Checklist, will be completed for all PREA allegations to serve as the documentation of referral of cases. Policy 104.1 outlines the investigative responsibilities of the facility SART and the GDC OPS. A review of the facility's website (<a href="https://www.claytoncountyga.gov/government/corrections-department/clayton-county-prison/prison-rape-elimination-act/">https://www.claytoncountyga.gov/government/corrections-department/clayton-county-prison/prison-rape-elimination-act/</a>) confirmed that its policy and practice of investigating allegations of sexual abuse or harassment is published. Additionally, the GDC protocols related to sexual abuse investigations are found on <a href="https://gdc.ga.gov/Divisions/ExecutiveOperations/PREA">https://gdc.ga.gov/Divisions/ExecutiveOperations/PREA</a>. The auditor confirmed through interviews with the Warden, DWS, and Facility Investigator that all allegations are investigated. The SART is initiated for all allegations and proceeds with an initial inquiry. If the allegation appears to have a criminal element or an initial inquiry deems that staff misconduct may be present, then the allegation is referred to GDC OPS. The GDC PREA Coordinator's office is notified of all allegations, and documented reports are required to be submitted for review.</p> <p data-bbox="231 913 1508 974">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.31	<p><b>Employee training</b></p> <p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: LOP 104.1; SOP 208.06; Presentation PREA Prison Rape Elimination Act (Supervision of Offenders including Sexual Abuse &amp; Assault); Employee Acknowledgement Statement; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.31(a)(c): The facility trains all employees who may have contact with offenders on the zero-tolerance policy for sexual abuse and sexual harassment. Additionally, employees are trained on how to fulfill their responsibilities, prevention, detection, reporting, and response policies and procedures, and the right of individuals to be free from sexual abuse and sexual harassment, and retaliation. CCCF has adapted its employee PREA training from the GDC standardized training and, as directed by policy SOP 208.06, requires that employees attend PREA training annually. This requirement exceeds provision (c), which requires training every two years. The auditor reviewed the training presentation 'PREA Prison Rape Elimination Act (Supervision of Offenders including Sexual Abuse &amp; Assault)' and found it compliant with the requirements listed in provision (a). Interviews with random staff confirmed that they were knowledgeable on the topics from the PREA training module and that they take the training annually.</p> <p>115.31(b): The PREA training module contains individual sections regarding the dynamics of both male and female incarcerated individuals, as well as a section on juvenile dynamics. All staff is trained on male and female gender-specific information regardless of the gender of the facility. CCCF is a male-designated facility and does not house juveniles. An interview with the training staff confirmed that employees who have worked previously in other correctional settings within the GDC system receive a facility-specific orientation which includes a gender refresher.</p> <p>115.31(d): Training is recorded through Training Rosters and signing form, Employee Acknowledgement Statement, which contains an acknowledgment of completion and understanding of the PREA information. Based on an interview with the training staff, a record of training is maintained permanently via retention of the Employee Acknowledgement Statement and through rosters created for the training sessions. The auditor reviewed initial training records for 23 employees, and current year in-service rosters indicating 37 employees were trained, confirming that all CCCF staff receive PREA training upon hire and are current with their PREA in-service training.</p> <p>Based on a review, analysis, and evaluation of the evidence, the facility has exceeded provision (c) by requiring PREA training annually.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: LOP 104.1; SOP 208.06; Volunteer/Contractor PREA training; Contractor/Volunteer Acknowledgment Statement; Training Records; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.32(a)(b)(c): All volunteers and contractors who have contact with offenders are required to be trained on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response according to policy LOP 104.1. LOP 104.1 provides further guidance about the levels of training required based on the services provided and the level of contact the individual has with offenders. At a minimum, all must be notified of the zero-tolerance policy and informed on how to make a report. The auditor reviewed the Volunteer/Contractor PREA training presentation and found it includes the zero-tolerance policy and their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Additionally, they must read and sign the Contractor/Volunteer Acknowledgement Statement attesting to their understanding of the training received which serves as documentation retained by the facility of this training. An interview with the training officer confirmed that all volunteers and contractors are notified of the zero-tolerance policy and advised on their reporting responsibilities. The auditor reviewed training records for 3 volunteers and 2 contractors and found them compliant with the requirements of this standard. Additionally, the facility provided in-service training rosters for the non-security county staff who have contact with the detainees in the community, indicating 32 had been trained on the zero-tolerance policy and how to report an allegation of sexual abuse or sexual harassment.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.33	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1489 331">Evidence Reviewed: LOP 104.1; SOP 208.06; Offender Orientation Checklist; GDC PREA Offender Information Guide; PREA Memo transcript; 'Speaking Up on PREA' video; Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="242 360 1489 589">115.33(a): LOP 104.1 establishes that notification of the GDC Zero-Tolerance Policy for Sexual Abuse and Harassment and information on how to report an allegation at the receiving facility shall be provided to every offender upon arrival at the facility. In practice, CCCF provides verbal notification of the zero-tolerance policy and a GDC PREA pamphlet that includes reporting instructions upon arrival by either the Intake Officer or the Senior Counselor. The facility provided the auditor with a transcript, 'PREA Memo', of the information that is read to all offenders upon arrival, which was found to include the zero-tolerance message and reporting procedures. CCCF reported that 476 offenders were admitted during the previous twelve months, and all were given this information at intake.</p> <p data-bbox="242 618 1489 880">115.33(b)(c): LOP 104.1 establishes that in addition to the information provided at intake, within 15 days of arrival, PREA education will be conducted by the assigned staff members to all offenders, which will include the gender-appropriate 'Speaking Up' video on sexual abuse. Additionally, each offender is provided a copy of the PREA Information Handout, which is signed by the offender after orientation has occurred. Interviews with the PREA Compliance Manager and the Senior Counselor confirmed that the orientation usually takes place on the first day of arrival but no later than the day following intake. The auditor's review of 25 offender training records confirmed that the orientation, which includes comprehensive education, was delivered within 48 hours in all files reviewed. CCCF reports that 374 offenders were admitted during the previous twelve months whose length of stay was more than 30 days and 100% were given this orientation.</p> <p data-bbox="242 909 1489 1205">115.33(d): LOP 104.1 further directs that Offender PREA education shall be provided in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. PREA Posters and Literature were available in both English and Spanish. The 'Speaking Up on PREA' video is available in English and Spanish and contains subtitles for the hearing impaired. The facility reports no offenders with visual, hearing, or cognitive disabilities have been admitted to the facility within the audit period. Based on an interview with the Senior Counselor and PREA Compliance Manager, offenders whose primary language is Spanish are provided the pamphlet and video in Spanish; any other language barriers would be handled by the Senior Counselor contacting the Language Line Services to have the PREA information read to the offender with the assistance of an interpreter.</p> <p data-bbox="242 1234 1489 1462">115.33(e): Policy LOP 104.1 directs the facility shall maintain documentation of offender participation in these education sessions in the offender's institutional file. A review of documentation in 25 offender files and interviews with 21 offenders demonstrated compliance with this provision. Each file contained a signed Offender Orientation Checklist and a signed PREA Information Handout indicating the offender viewed the PREA Video and was informed of their rights to be free from sexual abuse and sexual harassment; their rights to be free from retaliation from reporting such incidents; and agency/facility policies and procedures for responding to such incidents. Offender interviews confirmed their knowledge of the PREA information provided and multiple ways to make a report.</p> <p data-bbox="242 1491 1489 1653">115.33(f): Policy LOP 104.1 establishes and the facility ensures that key information is continuously and readily available or visible to offenders by placing in each housing unit the poster reflecting the department's zero tolerance for sexual abuse and harassment and contact information for offender reporting of sexual abuse allegations. Additionally, posters reflecting the department's zero tolerance shall be posted in common areas throughout the facility, including entry, visitation, and staff areas. Lastly, PREA information is also provided in the facility's offender handbook.</p> <p data-bbox="242 1682 1489 1742">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">Evidence Reviewed: LOP 104.1; SOP 208.06; SOP 103.10; NIC Curriculum Outline for Investigating Sexual Abuse in a Confinement Setting; Certificate of Completion; Information Obtained During Interviews.</p> <p data-bbox="229 353 1509 779">115.34(a)(b)(c): LOP Policy 104.1 establishes that allegations of sexual abuse and sexual harassment will be investigated by investigators who have received specialized training in conducting investigations of sexual abuse. This policy is in alignment with the GDC policies 208.06 and 103.10. The auditor reviewed the NIC curriculum outline and found that it covers 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 facility provided a certificate of completion indicating the SART Investigator had completed this training. An interview with the facility's SART Investigator confirmed her knowledge of the investigative procedures covered in the NIC specialized investigations training. She further explained that criminal investigations and certain administrative investigations are referred to GDC OPS. SOP 208.06 requires all staff investigating sexual abuse/sexual harassment allegations to be specially trained in conducting these investigations in a confinement setting. The auditor's interview with the GDC PREA Coordinator confirmed that all GDC OPS special investigators receive specialized training for conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="229 779 1509 864">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">Evidence Reviewed: LOP 104.1; LOP 501.1; SOP 208.06; Procedure for SANE Evaluation/Forensic Collection; Information Obtained from Interviews.</p> <p data-bbox="229 353 1509 577">115.35(a)(c): LOP 104.1 and SOP 208.06 requires that CorrectHealth staff, and full and part-time medical, receive specialized training on how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and harassment, and how and to whom to report allegations or suspicions of sexual abuse and harassment. CCCF reports that all healthcare staff has completed this training. An interview with the facility nurse and a review of the training certificate provided to the auditor confirmed her knowledge and completion of the required specialized training.</p> <p data-bbox="229 577 1509 640">115.35(b): This provision is not applicable as the facility does not conduct forensic examinations.</p> <p data-bbox="229 640 1509 819">115.35(d): Medical and mental health practitioners are required to receive the same basic PREA training as all employees discussed in the auditor's narrative in 115.31; contracted providers comply with the requirements of 115.32. Training curriculum for medical and mental health staff includes the basic training topics as well as specialized for this class of employees. The auditor's review of the facility's training rosters confirmed that the facility nurse had completed the annual in-service in addition to the specialized training. There is no mental health staff at CCCF.</p> <p data-bbox="229 819 1509 911">Based on the review, analysis, and evaluation of the stated evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<p data-bbox="242 145 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1484 331">Evidence Reviewed: LOP 104.1; SOP 208.06; SOP 208.06, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument; Completed Risk Screening Tools. CAP documents verifying compliance.</p> <p data-bbox="242 360 1492 757">115.41(a)(b): LOP 104.1 requires all offenders to be assessed during an intake screening for their risk of being sexually abused by other offenders or sexually abusive toward other offenders. Counseling staff members will conduct a screening for risk of victimization and abusiveness in the GDC SCRIBE database using the Victim/Aggressor Classification Instrument (SOP 208.06 Attachment 4). This screening will be conducted within 24 hours of arrival at the facility. Information from this assessment will be used to determine housing, bed assignment, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Counseling staff members will conduct a screening for risk of victimization and abusiveness in SCRIBE using SCRIBE's version of Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument. This screening will be conducted within 24 hours of arrival at the facility and again within 30 days of arrival. The facility indicates during the prior 12 months, 475 (100%) of new arrivals received an initial PREA risk screening within 72 hours of arrival. The auditor reviewed 25 offender records and found that a risk screening instrument was completed on all 25 on the date of arrival at CCCF. This exceeds the requirement of provision (b), which requires that these screenings take place within 72 hours of arrival.</p> <p data-bbox="242 786 1492 1014">115.41(c)(d)(e): The auditor's review of the PREA Risk Assessment tool found it to be objective and consistent with best practices observed within other correctional systems. Each of the first nine considerations delineated in provision (d) is included in the risk screening form. CCCF does not detain individuals solely for civil immigration purposes; therefore, the tenth element is not included. The instrument provides consideration of known prior acts of sexual abuse, known prior convictions for violent offenses, and known history of prior institutional violence or sexual abuse to assess an individual's risk of being sexually abusive. Assessments are evaluated through direct conversation with the individual and a review of the individual's prior criminal history and institutional record.</p> <p data-bbox="242 1043 1492 1406">115.41(f)(g): Policies LOP 104.1 and SOP 208.06 state that within 30 days of admission, the 30-day PREA screening follow-up must be completed, even if additional information has not been received. The facility indicates during the prior 12 months, 356 (100%) of new arrivals were reassessed for victimization/abusiveness within 30 days of the initial assessment. The auditor reviewed 25 offender records and found that reassessments were completed on 18 offenders (4-within 30 days, 14-over 40 days), and 6 of the 7 that were not completed had arrived at the facility within the past 30 days; therefore, the assessment was not due. Of the 25 files reviewed, none of the offenders had received a reassessment based on any new information being provided, a referral, or due to an incident of sexual abuse. The auditor review of the 3 allegations reported within the audit period found that reassessments were not required to be completed based on the nature of the allegations received and the allegations being unfounded. As of the audit date, the facility has not demonstrated a consistent practice of conducting reassessments within 30 days of the initial assessment and requires a corrective action plan (CAP) to ensure these reassessments are conducted timely.</p> <p data-bbox="242 1435 1492 1630"><u>Corrective Action Plan Completed:</u> As of 11/05/2022, the Auditor reviewed 55 records of new arrivals since 09/01/2022: (44) received reassessments within 30-days; (4) were not due for reassessment and (7) transferred before the reassessment was due. This information was verified by documentation provided by the facility, as well as verification of completion from the GDC Statewide PREA Coordinator. Based on the interview with the GDC Statewide PREA Coordinator, periodic status checks will be conducted for continued compliance. The facility has demonstrated a well-implemented process for ensuring future compliance with provision (f).</p> <p data-bbox="242 1659 1404 1720">115.41(h): Interviews with the Disciplinary Hearing Officer, Senior Counselor, and PCM and offenders confirmed that individuals are not disciplined for refusing to answer or for not disclosing complete information.</p> <p data-bbox="242 1749 1492 1877">115.41(i): Policies 104.1 and SOP 208.06 require any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, be limited to a need-to-know basis for staff, only for treatment and security and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments.</p> <p data-bbox="242 1906 1460 1966">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard; additionally, the facility exceeds based on the 24-hour initial risk assessment conducted upon intake.</p>

<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: LOP 104.1; SOP 208.06; SOP 220.09; Completed Risk Screening Forms; Observations During Site Visit; Information Obtained from Interviews.</p> <p>115.42(a)(b): Policy 104.1 directs the information gleaned from the intake screening to be used to make housing, bed, program, and work assignment decisions to keep separate those offenders who are prone to sexual victimization from those who are prone to sexual aggression. The result of this screening is disseminated to staff necessary to inform treatment plans and make security and management decisions regarding the individual. Interviews with the DWS, Counselors, and Shift Supervisors confirmed that housing decisions and work detain assignments are made using information from the classification process and the risk screening instrument. Offenders at risk for victimization are assigned a bed with direct visibility from the control room.</p> <p>115.42(c)(d)(e)(f): CCCF relies on GDC SOPs 208.06 and 220.09 regarding the management of transgender/intersex offenders. These policies establish that when deciding whether to assign a transgender or intersex offender to a male or female facility and in making other housing and programming assignments, the department shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety and whether the placement would present management or security problems. SOP 220.09 states the Classification Committee will determine, on a case-by-case basis, the most appropriate classification assignments for each transgender offender, and transgender offenders must never be placed in dedicated units or housed only with other transgender offenders. SOP 208.06 and LOP 104.1 direct Placement and programming assignments for each Transgender or Intersex offender shall be reassessed no less than every six months to review any threats to the sexual safety of the offender. SOP 220.09 directs these assessments will be conducted using the PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument in SCRIBE. The PREA risk screening instrument includes a direct question regarding the individual's own perception of vulnerability, which extends to and includes transgender and intersex residents. SOP 220.09 states that the Transgender Committee recommends facility placement and other matters necessary to maintain the offender's safety, such as single-cell/room or shower restrictions. Policy 220.09 also establishes that transgender, gender non-conforming, and intersex individuals must be allowed to shower separately from other individuals if deemed appropriate by the transgender committee. No transgender/intersex offenders have been assigned to CCCF within the audit period.</p> <p>115.42(g): CCCF has no dedicated units or wings solely for individuals identified as LGBTI, confirmed through interviews with classification staff and offenders and a review of the housing stratification.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>



<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 329">Evidence Reviewed: LOP 104.1; SOP 208.06; SOP 209.06; Observations Made During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="240 360 1485 958">115.43(a)(b)(c)(d)(e): Policy 104.1 directs that individuals at high risk for sexual victimization must not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there are no other means of separation from likely abusers. If an assessment cannot be conducted immediately, the offender may be held in involuntary segregation for no more than 24 hours while completing the assessment. This placement, including the concern for the offender's safety, must be noted in SCRIBE case notes documenting the concern for the offender's safety and the reason why no alternative means of separation can be arranged. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation. The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed 30 days. If offenders placed in segregated housing for this purpose have restricted access to programs, privileges, education, or work opportunities, then the facility shall document: 1) the opportunities that have been limited; 2) the duration of the limitation; and 3) the reasons for such limitations. Every 30 days, the facility shall afford each such offender a review to determine whether there is a continuing need for separation from the general population. During interviews, the Auditor was advised that there were no individuals held in involuntary segregated housing in the past 12 months for 1 to 24 hours awaiting completion of assessment; additionally, there were no individuals assigned to involuntary segregated housing for longer than 30 days while waiting for alternative placement. Individuals may be separated by housing units and separate wings within the unit. The auditor's review of case files found that there were no individuals at risk of sexual victimization held in involuntary segregated housing in the past 12 months.</p> <p data-bbox="240 987 1461 1046">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.51	<p data-bbox="229 69 1509 1245"><b>Inmate reporting</b></p> <p data-bbox="229 136 1509 192"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="229 192 1509 248"><b>Auditor Discussion</b></p> <p data-bbox="229 248 1509 349">Evidence Reviewed: LOP 104.1; SOP 208.06; PREA Brochure (Spanish/English); Offender Handbook; Offender Orientation Checklist; PREA Posters (English/Spanish); Observations During Site Visit; Information Obtained from Interviews.</p> <p data-bbox="229 349 1509 741">115.51(a)(b): CCCF offers multiple ways to report sexual abuse and sexual harassment. These methods include: telling any staff member verbally or in writing; placing a call to the PREA hotline (0-888-992-7849, toll-free from any dorm phone without the use of a PIN); or, in writing to the State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia 30334. Offenders are also informed that they may make a report on behalf of someone else or report to friends/family outside the facility who can report through third-party reporting on their behalf. The auditor confirmed during interviews with the offenders that they were aware of the multiple methods by which a report of sexual abuse or sexual harassment could be made. Interviews with random staff further confirmed that they are aware of these reporting methods available to offenders. During the site visit, the auditor observed PREA Posters on the walls of all housing units, which provide the PREA Hotline number and instructions for placing a call. The Offender Handbook provides the additional reporting methods available, and each offender is given a handbook upon arrival. Additionally, offenders may make a report of sexual abuse to the SCSAC-CAC 24/7 Crisis Line at 770-477-2177.</p> <p data-bbox="229 741 1509 931">115.51(c): LOP 104.1 establishes staff members shall accept reports made verbally, in writing, and from third parties and shall promptly document any verbal reports. The staff member receiving a report of sexual abuse or sexual harassment must divulge the name of the person who made the report if known. Staff members are required to forward all reports or observations of sexual assault or sexual harassment to their immediate supervisor or the designated SART member promptly.</p> <p data-bbox="229 931 1509 1155">115.51(d): The CCCF provides staff with the following methods to privately report sexual abuse and sexual harassment of offenders: through the sexual abuse hotline (888-992-7849); to the Ombudsman's Office; to the State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia 30334; or directly to the GDC PREA Coordinator's Office at <a href="mailto:PREA.report@gdc.ga.gov">PREA.report@gdc.ga.gov</a>. Staff is made aware they are able to report privately during the pre-service and annual in-service training. Interviews with random staff confirmed they were aware they could make a private report should they feel it necessary.</p> <p data-bbox="229 1155 1509 1245">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: LOP 104.1; Information Obtained from Interviews.</p> <p>(a) CCCF has no administrative procedures to address offender grievances regarding sexual abuse; therefore, the facility meets this standard through exemption.</p>

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1449 331">Evidence Reviewed: LOP 104.1; GDC PREA Offender Information Guide; MOU with SCSAC-CAC; SCSAC-CAC Poster; Information Obtained from Interviews.</p> <p data-bbox="240 360 1489 790">115.53(a)(c): LOP 104.1 CCCF has signed an MOU with the Southern Crescent Sexual Assault Advocacy Center, a community service provider, to provide advocacy services to victims of sexual assault. This MOU became effective August 1, 2022; the length of the agreement is three years. The MOU states the SCSAC-CAC will provide a mailing address and 24-hour toll-free crisis line for victims of sexual assault; emotional support services, crisis intervention, information, and referrals; information and referral to assist the sexual assault victim and family or household members; medical exam accompaniment at one of the center's office locations; linguistically and culturally specific services, to include services for LEP detainees; services and provisions for the disabled, to include the deaf, visually impaired or otherwise disabled; the development and distribution of materials on issues related to the services described in in the MOU; assistance in filing or filing on an offender's behalf a request for administrative remedy relating to allegations of sexual abuse. The services offered to abuse victims are above and beyond the requirements of this standard. The facility never has persons detained solely for civil immigration purposes, so this element of provision (a) is not applicable. During the site visit, the auditor observed the SCSAC-CAC contact information posters on each of the housing unit bulletin boards. Offender interviews confirmed their awareness of the SCSAC-CAC services being available.</p> <p data-bbox="240 819 1469 916">115.53 (b): LOP 104.1 "Confidential" communications under this section are distinguished from privileged communications, such as in attorney-client relationships. Communications are monitored in a manner consistent with the Department's security practices. Posters located by each offender phone inform offenders calls are subject to monitoring.</p> <p data-bbox="240 945 1449 1005">Based on the review, analysis, and evaluation of the stated evidence, the facility has exceeded provision (a) by providing services in excess of the requirements of the standard.</p>

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1422 327">Evidence Reviewed: LOP 104.1; SOP 208.06; CCCF Public Website; GDC Public Website; Information Obtained from Interviews.</p> <p data-bbox="240 360 1493 757">115.54(a): LOP 104.1 provides the established methods for third-party reports of sexual abuse and sexual harassment; these methods are to 1) contact the Ombudsman's Office in writing at P.O. Box 1329 Forsyth, Ga 21029, or by phone at 478-992-5358; or 2) write to the State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia 30334. This information can also be found on the CCCF's public website at <a href="https://www.claytoncountyga.gov/government/corrections-department/clayton-county-prison/prison-rape-elimination-act/">https://www.claytoncountyga.gov/government/corrections-department/clayton-county-prison/prison-rape-elimination-act/</a>. Third-party reports can also be received through the designated methods of reporting found on the GDC public website at <a href="https://gdc.ga.gov/Divisions/ExecutiveOperations/PREA/How-to-report">https://gdc.ga.gov/Divisions/ExecutiveOperations/PREA/How-to-report</a>, which includes by email to the PREA Coordinator at <a href="mailto:PREA.report@gdc.ga.gov">PREA.report@gdc.ga.gov</a>; the PREA Confidential Reporting Line at 1-888-992-7849. Additionally, any staff members shall accept reports made verbally, in writing, and from third parties and shall promptly document any verbal reports. Staff members who receive third-party reports of sexual abuse or sexual harassment shall forward all reports or suspicions of sexual abuse or Sexual Harassment to their immediate supervisor or the designated SART member promptly.</p> <p data-bbox="240 786 1461 842">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.61	<b>Staff and agency reporting duties</b>
	<p data-bbox="240 145 740 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1423 300">Evidence Reviewed: LOP 104.1; SOP 208.06; Employee Standards of Conduct; Information Obtained from Interviews.</p> <p data-bbox="240 329 1490 622">115.61(a)(b): LOP 104.1 requires all staff members who witness or receive a report of sexual assault or sexual harassment or who learn of rumors or allegations of such conduct to report immediately to the supervisor on duty and write a statement in accordance with the Employee Standards of Conduct. This policy also requires that staff members not disclose any information concerning sexual abuse, sexual assault, sexual harassment, or sexual misconduct of an offender, including the names of alleged victims or perpetrators, except to report the information as required by CCCF policy or the law, or to discuss such information as a necessary part of performing their job. Staff members who fail to comply with the reporting provisions of LOP 104.1 will be subject to disciplinary action, up to and including termination. Interviews with random staff confirmed their knowledge of the requirement for all allegations to be reported immediately and that any information collected in the course of their response should be handled discreetly and shared only with others who need to know.</p> <p data-bbox="240 651 1484 846">115.61(c): The facility has one contracted facility nurse and no mental health staff. Medical staff is required to report sexual abuse pursuant to provision (a) of this section. An interview with the facility nurse confirmed that she is a mandatory reporter and is obligated to report immediately any knowledge of sexual abuse that allegedly occurred in a correctional facility that becomes known to her. She further advised the auditor that she inform offenders of her duty to report and the limitations of confidentiality at the initiation of services. Each offender signs a form upon intake advising them of these limitations of confidentiality.</p> <p data-bbox="240 875 1490 1039">115.61(d): The CCCF does not house offenders under age 18. As per Georgia Code 30-5-5, abuse of vulnerable adults must be reported to local law enforcement and Adult Protective Services. Interviews with the PCM and Facility Investigator confirmed that abuse of vulnerable adults would be reported to the GDC OPS, the law enforcement entity with jurisdiction for investigating sexual abuse allegations that may appear criminal at CCCF. A notification would be made by the OPS Special Agent in Charge (SAC) to the Adult Protective Services.</p> <p data-bbox="240 1068 1490 1361">115.61(e): The facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the designated investigators. The supervisor in charge notifies the PCM and/or SART Leader. An initial inquiry will be made to determine if the report is a rumor or an allegation. The SART Leader/Team will determine what level of response protocol should be initiated, and the Facility Investigator will proceed with the administrative investigation unless the report involves a serious staff misconduct allegation or if the allegation appears to be criminal. The Warden or designee will report all allegations of sexual assault with penetration to the GDC CID Regional SAC and the GDC's PREA Coordinator immediately upon receipt of the allegation. The report will be documented in writing in an Incident Report by the end of the shift. The auditor's review of the three allegations reported within the audit period confirmed that the allegations were reported to the designated investigators promptly.</p> <p data-bbox="240 1391 1461 1453">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: LOP 104.1; Information Obtained from Interviews.</p> <p>115.62(a): Policy 104.1 states that if the CCCF learns that an individual is subject to a substantial risk of imminent sexual abuse, it must take immediate action to protect the individual. The auditor's interviews with Shift Supervisors confirm that they will take whatever action is required to ensure the safety of the individual and will consult with the DWS or Warden for assistance with determining the next steps if necessary. An interview with the Warden/Agency Head further confirms that any necessary action will be taken to ensure the safety of an individual once the facility becomes aware. The DWS confirmed that in the prior 12 months, CCCF has not determined that an individual was subject to a substantial risk of imminent sexual abuse.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: LOP 104.1; Information Obtained from Interviews.</p> <p data-bbox="229 318 1509 766">115.63(a)(b)(c): LOP 104.1 establishes that upon receiving an allegation that an offender was sexually abused while confined at another facility, notifications will be made as follows: In cases where there is an allegation that sexual abuse occurred at another GDC facility, the Warden (or designee) of the victim's current facility will provide notification to the Warden of the institution where the allegation allegedly occurred and the GDC's PREA Coordinator; In cases alleging sexual abuse by staff at another institution, the Warden of the offender's current facility refers the matter directly to the Regional SAC. For non-GDC facilities, the Warden will notify the appropriate office of the facility where the abuse allegedly occurred and the GDC's PREA Coordinator. Such notification must be provided as soon as possible, but no later than 72 hours after receiving the allegation, and must be documented. The facility head or Department office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The facility reports zero allegations in the prior 12 months that an offender was abused while confined at another facility. Interview with the DWS and Warden confirmed that the facility's response to allegations that are alleged to occur at another facility is to provide notification to the head of the facility immediately within 72 hours, document the notification that is sent, and provide contact information, notify the GDC PREA Coordinator, and follow up with the offender for any required care.</p> <p data-bbox="229 766 1509 878">115.63(d): The agency policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. The facility reports in the prior 12 months, there were no allegations of sexual abuse alleged to have occurred at CCCF received from another facility.</p> <p data-bbox="229 878 1509 1043">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>



<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1477 327">Evidence Reviewed: LOP 104.1; GDC SOP 208.06; GDC Sexual Allegation Response Checklist; Information Obtained from Interviews.</p> <p data-bbox="244 360 1490 719">115.64(a)(b): Policy 104.1 identifies a step-by-step process for first responder protocols. Upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to 1) Separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within 72 hours 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; 4) If the first responder is not a security staff member, the responder shall follow steps 1-3 then notify security staff immediately. Except for health services staff and the watch commander, the staff receiving the report must initiate the First Responder Sexual Abuse Response Checklist. The auditor's review of the three allegations reported within the audit period confirmed that the first responders in all cases acted appropriately to the situation and according to policy; none were of a nature requiring evidence collection or an FME. Random staff interviews confirmed they are well trained in the First Responder Duties.</p> <p data-bbox="244 752 1461 808">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1461 331">Evidence Reviewed: LOP 104.1; Sexual Allegation Response Checklist; CCCF Coordinated Response Plan; CCCF SART Members List; Information Obtained from Interviews.</p> <p data-bbox="242 365 1493 790">115.65(a): LOP 104.1 outlines the Coordinated Response plan and establishes that the response plan will be placed into action upon notification of an incident to the SART or PCM to the level of activation dictated by the nature of the complaint. The facility has identified designated SART members for a multi-disciplinary response to incidents of sexual abuse. Additionally, the facility provided the CCCF Coordinated Response Plan for the auditor's review. This plan lists pertinent staff, including the SART members, along with their telephone and email contact information. The coordinated response plan describes expectations regarding a sexual abuse coordinated response plan which includes instructions on separating the alleged victim and abuser, protecting the crime scene for a collection of evidence, and advising both the alleged victim and alleged aggressor not to take any actions that could destroy physical evidence. Once a response has been initiated, the Sexual Allegation Response Checklist will be completed by the designated SART member. This form provides a checklist of actions that must be taken, if applicable, and then allows recording the date, time, and comments once completed. The incident report and supporting documentation must be completed before leaving the institution for the day and be entered accurately and timely into the SCRIBE database. The GDC PREA Coordinator's Office is to be notified of the incident, as well as the designated OPS/SAC, when applicable.</p> <p data-bbox="242 824 1461 884">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: Information Obtained from Interviews.</p> <p>115.66(a): Based on an interview with the Warden/Agency Head, CCCF is under no collective bargaining agreement or other agreement that would prevent the removal of alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1417 331">Evidence Reviewed: LOP 104.1; Retaliation Monitoring Checklist; Investigative Case Files; Information Obtained from Interviews.</p> <p data-bbox="244 365 1493 824">115.67(a)(b)(c)(d)(e): Policy 104.1 establishes that the facility will protect offenders and staff members who report sexual abuse, sexual misconduct, or sexual harassment from retaliation. Multiple protection measures are implemented, including offender housing changes or transfers, removal of alleged staff members or offender abusers from contact with victims, and emotional support services for offenders or staff members who fear retaliation for reporting or cooperating with an investigation. The designated Retaliation Monitor is required to monitor the conduct and treatment of offenders or staff members who reported the sexual abuse or who participated in an investigation for at least 90 days following the report to see if any changes may suggest possible retaliation. If any retaliation is suspected, immediate action shall be taken to protect the individual. Monitoring will be documented on the 90-Day Offender Sexual Abuse Review Checklist and includes a review of any offender disciplinary reports, housing changes, a review of the individual's conduct and treatment, possible retaliation from others, program changes, and negative performance reviews. Staff monitoring shall include negative performance reviews of adverse reassignments and will be documented on the 90-Day Staff Sexual Abuse Review Checklist. Monitoring may continue after 90 days if warranted. The auditor reviewed the three case files for allegations reported within the audit period. In all three cases. All three cases were deemed unfounded; however, the alleged victims were monitored from the date the allegation was received up to the time that the investigation concluded.</p> <p data-bbox="244 857 1461 913">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: LOP 104.1; Investigative Case Files; Information Obtained from Interviews.</p> <p data-bbox="229 318 1509 645">115.68(a): As noted in §115.43 of this report, the facility has a written policy to govern the management of individuals placed in segregated housing compliant with the requirements of this standard. Should an involuntary assignment to segregated housing become necessary, the Administrative Segregation Order and 24-Hour Review form would be utilized to assess the individual's status within 24 hours, and suitable alternative housing would be identified immediately, but within no more than 30 days. The PCM confirmed during his interview that CCCF had had zero instances of segregated housing being used to protect an offender who is alleged to have suffered sexual abuse. Interviews with security supervisors and officers who work the segregation unit post confirmed that segregated housing had not been used for housing alleged victims of sexual abuse. The auditor's review of the three investigative case files confirmed that no alleged victims were placed in post-allegation protective custody.</p> <p data-bbox="229 645 1509 728">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1201 297">Evidence Reviewed: LOP 104.1; Investigative Case Files; Information Obtained from Interviews.</p> <p data-bbox="240 329 1493 656">115.71(a)(j): LOP 104.1 establishes that the facility's SART is responsible for the initial inquiry and subsequent administrative investigations of all allegations of sexual abuse or sexual harassment with limitations. All allegations of sexual assault with penetration and those with immediate and clear evidence of physical contact must be reported to the GDC Regional SAC and the GDC PREA Coordinator immediately upon receipt of the allegation. Criminal and administrative investigations shall be prompt, thorough, and objective for all allegations, including those reported by a third party and anonymously. LOP 104.1 further establishes that the departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for termination of the investigation. Additionally, when outside agencies investigate sexual abuse, the facility will cooperate with the outside investigators and endeavor to remain informed about the progress of the investigation. Interviews with the Warden, DWS, and Facility Investigator confirmed the investigative procedures followed at CCCF, which were consistent with the specifics outlined in the facility's policy and compliant with the requirements of this standard.</p> <p data-bbox="240 687 1449 813">115.71(b): Investigations are conducted by investigators who have received specialized training in sexual abuse investigations as required and documented in 115.34. The auditor's review of the three investigative case files found they were completed by the Facility Investigator, who has completed the required training for conducting sexual abuse investigations in a confinement setting.</p> <p data-bbox="240 844 1493 1305">115.71(c)(d)(e)(f): Policy 104.1 requires investigators to gather and preserve direct and circumstantial evidence, including any available evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. If the evidence appears to support a criminal prosecution, the Facility Investigator will cease her administrative investigation and contact the GDC OPS/SAC for a criminal investigation, who would consult with prosecutors as needed, and conduct compelled interviews, if appropriate to the case. Additionally, investigators are required to assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on that individual's status as an offender or staff; and no offender who alleges sexual abuse would be required to submit to a polygraph examination as a condition for proceeding with the investigation. Policy 104.1 also requires administrative investigations to include an effort to determine whether staff member actions or failures to act contributed to the abuse, which shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings. The auditor's review of the three investigative case files confirmed the Facility Investigator followed the protocols outlined in these provisions and according to the facility's policy. An interview with the Facility Investigator confirmed her knowledge of investigative protocol requirements and her responsibilities in the administrative investigation process.</p> <p data-bbox="240 1337 1493 1565">115.71(g): Policy 104.1 requires criminal investigations to be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and copies of all documentary evidence where feasible; additionally, substantiated allegations of conduct that appears criminal shall be referred for prosecution. As noted prior, criminal investigations are conducted by the GDC OPS. It is the policy of GDC OPS to maintain these written reports for as long as the alleged abuser is incarcerated or employed by the Department plus five years. An interview with the GDC PREA Coordinator confirmed that these records are maintained securely in the agency's database and for at least the minimum time required by this standard.</p> <p data-bbox="240 1597 1458 1655">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: LOP 104.1; Investigative Case Files; Information Obtained from Interviews.</p> <p>115.72(a): LOP 104.1 establishes that no standard higher than the preponderance of the evidence is used in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with the DWS, Facility Investigator, and Warden, along with a review of the three administrative investigations completed within the audit period, confirmed that the facility uses no standard higher than the preponderance of the evidence in substantiating a case of sexual abuse or sexual harassment.</p> <p>After analysis and evaluation of the stated evidence, the auditor finds the agency and facility meet the provisions of this standard.</p>

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: LOP 104.1; Investigative Case Files; PREA Disposition Offender Notification Form; Information Obtained from Interviews.</p> <p>115.73(a-e): Policy 104.1 establishes that following an investigation into an offender's allegation that he suffered sexual abuse in the facility, the facility informs the offender as to whether the allegation has been substantiated, unsubstantiated, or unfounded. Notification will be completed by a member of the local SART unless the Warden delegates to another designee under certain circumstances. CCCF also informs the alleged victim regarding actions taken as a result of an allegation against another offender or staff when the staff/offender is indicted on a related charge; If/when the staff/offender is convicted on a related charge; If/when the offender has received disciplinary sanctions. The designated SART member must notify the alleged victim regarding actions taken as a result of an allegation against staff when the staff is no longer in the unit and is no longer employed at the facility. The facility's obligation to report to the offender terminates if/when the allegation is unfounded or the offender is released from custody. Policy 104.1 further establishes that during the investigation by an outside agency CCCF shall endeavor to remain informed about the progress of the investigation. The auditor reviewed the three investigative case files completed within the audit period and found documentation of either notification or attempted notification to the offender regarding the outcome of the case.</p>



<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: LOP 104.1; 401.1; Information Obtained from Interviews.</p> <p>115.76(a)(b): LOP 104.1 establishes that staff members who engage in sexual misconduct with an offender shall be banned from correctional institutions and subject to disciplinary action, up to and including termination, whichever is appropriate, and may also be referred for criminal prosecution when appropriate. Based on an interview with the Warden and DWS, there have been no staff terminations, resignations, or other disciplinary action for violating these policies within the audit period at CCCF; however, both expressed that termination is the presumptive disciplinary sanction for staff who have engaged in sexual contact with offenders.</p> <p>115.76(c)(d): LOP 104.1 establishes that disciplinary sanctions for violations of the facility's policy related to sexual abuse or harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff members with similar histories. Interviews with the Warden and DWS confirmed that once an investigation is completed, similar incidents and the employee's prior history will be reviewed and taken into consideration when determining the disciplinary sanction applied. LOP 104.1 further establishes that 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, will be reported to the GDC OPS and local law enforcement, where required. These incidents will also be reported to the Georgia Peace Officers Standards and Training Council (POST).</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: LOP 104.1;</p> <p data-bbox="229 318 1509 645">115.77(a)(b): LOP 104.1 establishes that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with offenders, in the case of any other violation of the facility's sexual abuse or sexual harassment policies. The facility reports that there were no allegations reported involving contractors or volunteers within the audit period. Interviews with the Warden and DWS confirmed that volunteers and contractors suspected of and under investigation for sexual abuse policy violations would be banned from entry into the facility until the investigation is completed. Additionally, if a sexual abuse case is substantiated, the contractor or volunteer will be terminated and reported to the appropriate law enforcement entity as well as any applicable licensing body.</p> <p data-bbox="229 645 1509 728">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1473 300">Evidence Reviewed: LOP 104.1; SOP 208.06; SOP 209.01; Investigative Case Files; Information Obtained from Interviews.</p> <p data-bbox="240 329 1485 723">115.78(a)(b)(c): LOP 104.1 establishes that offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or a criminal finding of guilt for offender-on-offender sexual abuse. These sanctions shall be imposed in accordance with SOP 209.01. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. Additionally, the policy provides the disciplinary process shall consider whether the offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. In accordance with SOP 209.01, the Disciplinary Hearing Officer (DHO) shall review any evidence of mental illness or mental retardation disclosed by the Disciplinary Investigator's report or otherwise to determine the extent to which the offender may reasonably be held responsible for his or her behavior. The auditor's interview with the DHO confirmed that the disciplinary process considers whether an individual's mental disabilities or mental illness contributed to his/her behavior when determining the sanctions. The auditor's review of the three investigative case files determined all were unfounded.</p> <p data-bbox="240 752 1493 947">115.78(d): LOP 104.1 states if the facility offers therapy, counseling, or other interventions to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interactions as a condition of access to programming or other benefits. However, an interview with the PCM confirmed that CCCF does not offer therapy, counseling, or other interventions to address and correct underlying reasons for sexually abusive behavior; an offender perpetrator would be transferred from the facility and housed in a facility within the GDC that can provide those services.</p> <p data-bbox="240 976 1493 1137">115.78(e): LOP 104.1 provides an offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. An interview with the Warden confirmed that residents are not to be disciplined for contact with staff, volunteers, or contractors unless the investigation reveals that the staff, volunteer, or contractor did not consent to the contact. A review of the three investigative case files confirmed there were no incidents of this nature within the audit period.</p> <p data-bbox="240 1167 1493 1328">115.78(f): LOP 104.1 establishes that for the purposes of a disciplinary action, a report of sexual abuse made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation. An interview with the DHO and PCM confirmed that there have been no actions of this nature and that the only way an offender would be disciplined for making a report of sexual abuse is if it were deemed to be a false report made with malicious intent.</p> <p data-bbox="240 1357 1477 1453">115.78(g): LOP 104.1 establishes that all consensual sexual activity between offenders is prohibited, and offenders may be subject to disciplinary action. Consensual (non-coerced) sexual activity between offenders does not constitute sexual abuse but is considered a disciplinary issue.</p> <p data-bbox="240 1482 1461 1543">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: LOP 104.1; SOP 208.06; SOP 508.15; Attachment 3, GDC Mental Health Services Authorization for Release of Information; Risk Screening Forms</p> <p>115.81(a)(b)(c): LOP 104.1 establishes that If the screening pursuant to § 115.41 indicates that an offender has experienced prior sexual victimization, whether it occurred in an institutional setting or the community, staff shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Based on interviews with the Warden and DWS, due to the criteria for assignment to CCCF, offenders known to have previously perpetrated sexual abuse, whether it occurred in an institutional setting or the community, would not qualify for assignment; therefore, provision (b) is not applicable for this facility. Provision (c) is not applicable, as this facility is a prison, not a jail. The auditor reviewed risk screening instruments for 25 offenders and found that none indicated prior victimization.</p> <p>115.81(d): LOP 104.1 establishes that information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and other staff as necessary for treatment, security, and management or others as required by law. An interview with the facility nurse confirmed that upon arrival as a new admission to the GA DOC, all individuals are informed of the limitations of confidentiality of information obtained while they are incarcerated. Before providing services, individuals are informed that their mental health must be released where required by laws, rules, or regulations. Staff utilizes the Mental Health Service Authorization for Release of Information form to record this notification. LOP 104.1 and interviews with the Warden, PCM, and facility nurse confirmed that ongoing mental health services could not be provided at CCCF; an offender needing ongoing mental health services will be referred to their catchment facility and transported to this facility for services.</p> <p>115.81(e): LOP 104.1 establishes that medical shall obtain informed consent from offenders before reporting about prior sexual victimization that did not occur in an institutional setting. An interview with the facility nurse confirmed that she had no incident disclosed to her that required obtaining this consent; however, should this occur, she would obtain consent before disclosing the information.</p> <p>Based on the auditor’s review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.82	<p><b>Access to emergency medical and mental health services</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence Reviewed: LOP 104.1; SOP 208.06; SANE Evaluation; SOP 508.22; Information Obtained from Interviews.</p> <p>115.82(a): The facility reports no incidents of sexual abuse requiring emergency medical treatment and crisis intervention services. LOP 104.1, in coordination with SOP 208.06, establishes that offender 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. Immediate medical services will be provided by the nurse on duty. If a staff nurse is unavailable, the on-call provider will be contacted. CCCF will ensure that a physical examination of the alleged victim will be conducted, and the SANE protocol shall be initiated (SANE Nurse Evaluation). The Coordinated Response Plan ensures the alleged victim receives immediate medical attention, followed by a mental health evaluation within 24 hours, per SOP 508.22. The facility nurse explained during her interview that once a notification is received of an allegation of sexual abuse, the provider will be contacted, and a determination for transporting to a local emergency room for a SANE examination will be made.</p> <p>115.82 (b): CCCF does not have 24/7 medical coverage, and security staff is well trained on their first responder duties, which include taking preliminary steps to protect the alleged victim, pursuant to §115.62. LOP 104.1 identifies a step-by-step process for first responder protocols, which includes separating the alleged perpetrator and victim so that neither one can hear or see the other and remaining with the alleged victim to provide safety and support; medical is to be notified immediately. Interviews with random staff confirmed they are well-trained in their first responder responsibilities.</p> <p>115.82(c): LOP 104.1 states that the offender must be examined for injuries and receive timely information about and timely access to sexually transmitted infections prophylaxis. Additionally, the Health Services Sexual Abuse Response Checklist confirms that (with consent) the victim undergoes a sexual assault forensic exam, including checks for injuries, STIs, and biological specimen collection. An interview with the facility nurse confirmed that victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis following professionally accepted standards of care where medically appropriate.</p> <p>115.82(d): LOP 104.1 establishes that treatment services shall be provided at no cost to the offender. Based on interviews with the facility nurse and the PCM, offender victims of sexual abuse receive these services at no cost, whether or not they cooperate with the investigation.</p> <p>Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>
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115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1390 331">Evidence Reviewed: LOP 104.1; SOP 208.06; SOP 508.22; SOP 507.91; Procedure for SANE Evaluation/Forensic Collection; Information Obtained from Interviews.</p> <p data-bbox="244 360 1485 555">115.83(a)(b)(c): CCCF offers medical and mental health evaluation and, as appropriate, treatment to all individuals who have been victimized by sexual abuse, regardless of where the abuse occurred. Additionally, LOP 104.1 establishes referrals may also be provided when the offender is released from custody. CCCF does not have the capacity to provide ongoing medical and mental health services and treatment plans; therefore, an offender requiring these services would be relocated to a facility that has these services available. Based on interviews with the facility nurse, services provided to offenders at CCCF are consistent with the community level of care.</p> <p data-bbox="244 584 1203 611">115.83(d)(e): CCCF houses only male individuals; therefore, these provisions are not applicable.</p> <p data-bbox="244 640 1426 701">115.83(f): LOP 104.1 establishes that victims of sexual abuse will be offered tests for sexually transmitted infections as medically appropriate; this was further confirmed through an interview with the facility nurse.</p> <p data-bbox="244 730 1490 828">115.83(g): LOP 104.1 establishes that the physical examination and treatment shall be provided at no cost to the offender, and he must give consent for the examination. Based on interviews with the facility nurse, offenders receive these services at no cost, whether or not they cooperate with the investigation.</p> <p data-bbox="244 857 1490 956">115.83(h): LOP 104.1 and an interview with the Warden and the facility nurse confirmed that ongoing mental health services could not be provided at CCCF. A known offender-on-offender abuser would be transferred from CCCF to a facility where the required services are available.</p> <p data-bbox="244 985 1458 1046">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 295">Evidence Reviewed: LOP 104.1; Sexual Abuse Incident Review Checklist; Information Obtained from Interviews.</p> <p data-bbox="229 295 1509 882">115.86(a)(b)(c)(d): LOP 104.1 requires an incident review to be conducted at the conclusion of sexual abuse investigations within 30 days of the conclusion of an investigation unless the incident is deemed unfounded. The review team shall include the PREA Compliance Manager, SART, and representatives from upper management, line supervisors, and other staff members, as designated by the Warden/Superintendent of the facility. LOP 104.1 further requires the team to consider during this review any needed policy changes; motives which may include such examples as race, ethnicity, gender identity, LGBTI, gang affiliation, or whether the incident was motivated or otherwise caused by group dynamics; assess the physical area where the abuse occurred; assess staffing levels; assess needs for monitoring technology. Prepare a report of its findings including, but not limited to, determinations regarding all of the above and any recommendations for improvement, and submit such report to the Warden and PREA Compliance Manager. Additionally, this policy requires the review team to prepare a report of its findings and any recommendations for improvement and submit the report to the Warden and PCM and for the facility to implement the recommendations from the review or document the reason(s) for not making the recommended changes. The Sexual Abuse Incident Review Checklist is used to conduct these reviews. This form is comprehensive and covers every element requiring consideration by provision (c), which prompts the team to cover all areas. The auditor interviewed three members of the SART/Incident Review Team and found them knowledgeable of the requirements of this standard. The three allegations investigated within the audit period were unfounded; therefore, an incident review was not required.</p> <p data-bbox="229 882 1509 963">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1414 300">Evidence Reviewed: LOP 104.1; SOP 208.06; Website Search; Annual Report; Information Obtained from Interviews.</p> <p data-bbox="240 329 1485 488">115.87(a)(b)(d): CCCF follows the GDC SOP 208.06 for collecting accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Incident-based sexual abuse data is aggregated on a monthly basis and provided in a report from the facility to the GDC PREA Coordinator's Office. The data is collected from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, and is stored electronically.</p> <p data-bbox="240 517 1437 582">115.87(e): CCCF does not contract with any other entity for the confinement of offenders; therefore, this provision is not applicable.</p> <p data-bbox="240 611 1465 736">115.87(c)(f): SOP 208.06 establishes the GDC aggregates the incident-based sexual abuse data annually, which includes data collected from CCCF. The incident-based data collected includes the data necessary to answer all questions from the Department of Justice (DOJ) SSV. The most recent SSV requested by the DOJ was 2020. The auditor reviewed the completed SSV and SSV-IA; both were submitted as required and by the deadline.</p> <p data-bbox="240 766 1461 831">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>



<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 208 453 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1278 297">Evidence Reviewed: LOP 104.1; Website Search; Annual Report; Information Obtained from Interviews.</p> <p data-bbox="242 329 1461 557">115.88(a)(b)(c)(d): LOP 104.1 requires the CCCF to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. During the PCM's interview, he explained that he and the SART review the data collected and aggregated in order to assess and improve the effectiveness of the PREA program, local policies, and training by identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual reporting of their findings. The annual reports are published and posted on the Clayton County Website at <a href="https://www.claytoncountyga.gov/government/corrections-department/clayton-county-prison/prison-rape-elimination-act/">https://www.claytoncountyga.gov/government/corrections-department/clayton-county-prison/prison-rape-elimination-act/</a>.</p> <p data-bbox="242 589 1461 647">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 318">Evidence Reviewed: LOP 104.1; Website Search; Annual Report; Information Obtained from Interviews.</p> <p data-bbox="229 318 1509 434">115.89(a): LOP 104.1 requires that the CCCF retains sexual abuse data as established in the GDC retention schedule specified in SOP 208.06. The auditor's interview with the PREA Coordinator confirms that this data is collected electronically in the PREA database managed by their office and is securely retained.</p> <p data-bbox="229 434 1509 595">115.89(b)(c): CCCF makes all aggregated sexual abuse data available to the public annually through the publication of the PREA Annual Report. This report can be found on the County's public website at <a href="https://www.claytoncountyga.gov/government/corrections-department/clayton-county-prison/prison-rape-elimination-act/">https://www.claytoncountyga.gov/government/corrections-department/clayton-county-prison/prison-rape-elimination-act/</a>. No personal identifiers are contained in the PREA Annual Report.</p> <p data-bbox="229 595 1509 676">115.89(d): LOP 104.1 requires the retention of PREA-related documents and investigations to be securely retained for at least 10 years from the date of the initial report.</p> <p data-bbox="229 676 1509 777">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 273 1002 300">Evidence Reviewed: Website Search; Information Obtained from Interviews.</p> <p data-bbox="242 331 932 358">115.401(a): The CCCF received its last audit on August 13-14, 2019.</p> <p data-bbox="242 389 1485 416">115.401(b): This is the third year of the current audit cycle. CCCF is a single correctional facility operated by Clayton County.</p> <p data-bbox="242 448 1362 474">115.401(h): The auditor was provided full access to, and was allowed to observe, all areas of the audited facility.</p> <p data-bbox="242 506 1430 568">115.401(i): The auditor requested and received copies of relevant documents (including paper and electronically stored information).</p> <p data-bbox="242 600 1075 627">115.401(m): The auditor was permitted to conduct private interviews with offenders.</p> <p data-bbox="242 658 1485 748">115.401(n): Offenders were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel, which was confirmed through interviews with the DWS and the officer who processes mail at the facility. No correspondence was received by the auditor.</p> <p data-bbox="242 779 1461 842">Based on the auditor's review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence Reviewed: Website Search; Information Obtained from Interviews.</p> <p>115.403(f): The auditor confirmed through review of the Clayton County Public website that CCCF publishes all Final Audit Reports for public access.</p> <p>Based on the auditor’s review and analysis of the evidence, the facility has demonstrated compliance with all provisions of this standard.</p>

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	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.)	na
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	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.)	na
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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 consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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 facility does not have female inmates.)	yes
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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 with inmates with disabilities including inmates who: Have intellectual disabilities?	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: 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)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	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 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
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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).)	yes
<b>115.31 (a)</b>	<b>Employee training</b>	
	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
<b>115.31 (b)</b>	<b>Employee training</b>	
	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

<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	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
<b>115.33 (b)</b>	<b>Inmate education</b>	
	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
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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

<b>115.33 (d)</b>	<b>Inmate education</b>	
	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
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	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 Garrity warnings? (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 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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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.)	na
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes



<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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) Whether the inmate is detained solely for civil immigration purposes?	no
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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 present management or security problems?	yes

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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 solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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

<b>115.43 (b)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	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

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	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 anonymous upon request?	yes
	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
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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 this standard.)	na
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	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, 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.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	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
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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 abuse or sexual harassment or retaliation?	yes
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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



<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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 sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any 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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	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.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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 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?	yes
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	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.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	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



<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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 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?	yes
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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