

PREA Facility Audit Report: Final

Name of Facility: Clayton Transitional Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/23/2020

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"/>
Auditor Full Name as Signed: Julie A. Salmi	Date of Signature: 03/23/2020

AUDITOR INFORMATION	
Auditor name:	Salmi, Julie
Address:	
Email:	julie@fcprisonconsulting.com
Telephone number:	
Start Date of On-Site Audit:	02/05/2020
End Date of On-Site Audit:	02/07/2020

FACILITY INFORMATION	
Facility name:	Clayton Transitional Center
Facility physical address:	242 Falcon Drive, Forest Park, Georgia - 30297
Facility Phone	
Facility mailing address:	242 FALCON DRIVE, FOREST PARK, Georgia - 30297

Primary Contact	
Name:	LAQUATA HENDERSON
Email Address:	LAQUATA.HENDERSON@GDC.GA.GOV
Telephone Number:	404675-1525

Facility Director	
Name:	MICHAEL CANNON
Email Address:	MICHAEL.CANNON@GDC.GA.GOV
Telephone Number:	478-951-7259

Facility PREA Compliance Manager	
Name:	Laquata Henderson
Email Address:	laquata.henderson@gdc.ga.gov
Telephone Number:	O: (404) 675-1500

Facility Health Service Administrator On-Site	
Name:	PATRICE RUTH
Email Address:	PATRICE.RUTH@GDC.GA.GOV
Telephone Number:	404-675-1525

Facility Characteristics	
Designed facility capacity:	376
Current population of facility:	376
Average daily population for the past 12 months:	376
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	21-72
Facility security levels/resident custody levels:	WORK RELEASE -CLOSE SECURITY
Number of staff currently employed at the facility who may have contact with residents:	49
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	86

AGENCY INFORMATION	
Name of agency:	Georgia Department of Corrections
Governing authority or parent agency (if applicable):	
Physical Address:	300 Patrol Rd., Forsyth, Georgia - 31029
Mailing Address:	
Telephone number:	(478) 992-5374

Agency Chief Executive Officer Information:	
Name:	Timothy C. Ward
Email Address:	Timothy.Ward@gdc.ga.gov
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Grace Atchison	Email Address:	grace.atchison@gdc.ga.gov

AUDIT FINDINGS
<p>Narrative:</p> <p>The auditor’s description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor’s process for the site review.</p>
<p>Pre-Onsite Audit Phase:</p>

A Prison Rape Elimination Act (PREA) audit was conducted at the Clayton Transitional Center (CTC), Forest Park, Georgia on February 5-7, 2020. The facility is located at 242 Falcon Drive, Forest Park, Georgia 30297. On July 1, 2019, the CTC entered an agreed upon and signed contract with PREA Auditors of America (PAOA), LLC to conduct a PREA audit utilizing the Community Confinement Facility standards. US DOJ certified PREA auditor (probationary auditor) Julie A. Salmi is an independent subcontractor working for PAOA and was the single auditor identified to conduct the audit. For the purposes of this report, Ms. Salmi is referred to as 'auditor'. The auditor notified the CTC of the auditor's probationary status, via email on January 7, 2020, referencing "Probationary Certification Status for Newly Certified Prison Rape Elimination Act (PREA) Auditors." The auditor's probationary status was explained in detail and did not affect the audit in anyway. The CTC had its prior PREA audit on May 15, 2017.

The CTC is operated by the Georgia Department of Corrections (GDC), headquartered in Atlanta, Georgia. The agency's mission is to protect the public by operating safe and secure facilities through development of professional staff and effective resident management. The facility's mission is to assist residents in making a successful transition back into the community by providing social and employment skills. The facility provides reentry services to State of Georgia residents after they serve their time in prison. The CTC residents are slowly reintegrated back into society with employment and programming opportunities. The facility has a maximum capacity of 376 residents and its facility is comprised of two buildings which include two housing units.

Programming for the residents include Academic (GED, ABE and Remedial Literacy classes); Counseling (including pre-release, work adjustment, health awareness; employment readiness, 12 step-group, Basic World of Works, Odyssey courses and anger management); General Recreation; Religious Programming (including various worship services, and Bible study); and Vocational OJT (including food services, maintenance, laundry and barbering).

The auditing process began on December 11, 2019 when the auditor initiated a phone call with the facility's PREA Compliance Manager (PCM) Gregory Sampson to set up a teleconference with facility and agency executive staff to "kick-off" the audit and address audit logistics, confidentiality and expectations. During this phone call the use of the PREA Resource Center's (PRC) Online Audit System (OAS) was identified as the principal mechanism for disseminating information and documentation to the auditor. The facility initiated the audit on December 16, 2019 and gained access to the OAS's Pre-Audit Questionnaire (PAQ) on December 18, 2019. An expected completion date no later than January 3, 2020 was established. The PAQ was completed on January 13, 2020, following technical difficulties, and ready for auditor review.

Following the call on December 11, 2020, prior to the initial 'kickoff' teleconference, the auditor forwarded to the PCM via email a Pre-onsite Audit Resources List which included helpful resources in preparation for the audit. A Request for Information Regarding PREA Incidents and Investigations, requesting the facility provide data of all allegations of sexual abuse and sexual harassment, incident reports, grievances, hotline calls, Agency Investigative Matrix and investigations of both administrative and criminal cases (substantiated and unsubstantiated) for the past 12 months. The facility was informed to not submit any documents containing Personally Identifiable Information (PII), and to only provide related case numbers. A PREA Audit Process Map and Screening and Classification Systems Overview form were also forwarded to the facility. The auditor requested contact information for the SAFE/SANE staff and community-based victim advocacy groups affiliated with the facility for interviewing purposes.

Additionally, a Request for Documentation (Prior and Onsite) including a listing of facility and agency staff, volunteer and contractor listings for interview sample selections was also sent to the facility on December 11, 2019. From these lists, the auditor randomly selected a representative sample of staff from each of the staffing categories to be interviewed, ensuring each shift and a cross-section of positions were represented. The auditor's selection process included alternating between the first name and last name on the staff roster from top to bottom and continued cycling through until the appropriate amount of staff were selected. Additionally, a representative sample of residents, including those from each specialized targeted category were identified for interviewing while onsite and provided to the audit team on the first day of the onsite phase of the audit. The selection process for residents involved the same procedure as with the staff selection, identifying the first resident on the roster and then the last and rotating through the cycle. A minimum of 26 residents are required to be interviewed. The auditor was able to get a cross section of residents including different program components, i.e., in-house, Pre-Release, Work-Release from each housing unit on the roster provided by facility staff. The Request for Documentation included the following specific information requested:

Complete resident roster (provide based on actual population on the first day of the onsite portion of the audit)

Youthful residents (if any)

Residents with disabilities (i.e., physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)

Residents who are Limited English Proficient (LEP), Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI)

Residents who reported sexual abuse

Residents who reported sexual victimization during risk screening

Complete staff roster (indicating title, shift, and post assignment) Specialized staff which includes:

Agency contract administrator

Line staff who supervise youthful residents, if any

Education staff who work with youthful residents, if any

Program staff who work with youthful residents, if any

Medical staff

Mental health staff

Non-medical staff involved in cross-gender strip or visual searches

Administrative (human resources) staff

SAFE and/or SANE staff

Volunteers who have contact with residents

Contractors who have contact with residents

Criminal investigative staff (e.g., at agency level, facility level, external entity, etc.)

Administrative investigative staff (e.g., at agency level, facility level, external entity, etc.)

Staff who perform screening for risk of victimization and abusiveness

Staff who supervise residents in segregated housing

Staff on the sexual abuse incident review team

Designated staff member charged with monitoring retaliation

First responders, security staff (individuals who have responded to an incident of sexual abuse)

First responders, non-security staff (individuals who have responded to an incident of sexual abuse)

Intake staff

All grievances made in the 12 months preceding the audit

All incident reports from the 12 months preceding the audit

All hotline calls made during the 12 months preceding the audit

All allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit including:

Total number of allegations:

Number determined to be substantiated, unsubstantiated, or unfounded

Number of cases in progress

Number of criminal cases investigations and dispositions (Referred to prosecutor, prosecution refused, indictment, conviction and/or acquittal)

Number of administrative case investigations and dispositions

On December 17, 2019, an initial teleconference meeting was held between the auditor, PCM Sampson and Chief of Security, Laquata Henderson. The purpose of the audit, including the corrective action process was discussed. It was conveyed to the facility if corrective action was warranted it would not be viewed as a reflection of any failure by CTC staff or the Georgia Department of Corrections, but rather an opportunity to achieve PREA compliance with all the standards. The auditor will work alongside CTC staff in a collaborative manner. During this discussion audit goals, objectives, expectations and timeframes were addressed and the facility's Point of Contact (POC) identified. PCM Sampson was identified as the POC for this audit. (Note: PCM Sampson was later transferred to another facility and Laquata Henderson, Chief of Security was named PCM and POC. Auditor confidentiality responsibilities regarding the protection of confidential information, including staff and resident correspondence communications, were discussed along with the scope and methodology of a practice-based audit. Email and phone communication were established as an expectation of regular occurrence during the Pre-onsite phase for the purposes of information gathering and ensuring continuity of communication and transparency.

Following the teleconference on December 17, 2019, an email was sent to the PCM regarding the PREA Audit Notices. Attached to the email were two PREA Audit Notices, one in Spanish and one in English, for posting in various locations in the facility. Each audit notice contained information on when the PREA audit was going to take place and discussed confidentiality requirements. Specifically, the notice stated the following confidentiality information: *CONFIDENTIALITY – All correspondence and disclosures during interviews with the designated auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must be legally broken. Exceptions include, however, are not limited to the following: if the person is an immediate danger to her/himself or others (e.g. suicide or homicide); allegations of suspected of child abuse, neglect or maltreatment; in legal proceedings where information has been subpoenaed by a court of appropriate jurisdiction.

Specific posting instructions were also attached, indicating they should be placed side-by-side on brightly colored paper and posted where they could be visible to residents, staff and visitors. The facility was expected to post the notices by December 23, 2019 to ensure compliance with the six-week posting requirement and to provide verification of the postings by way of date and time stamped photographs along with a description of where they were posted. On December 27, 2019, PCM Henderson confirmed the notices were posted on December 20, 2019, including photograph verification and locations where the notices were posted throughout the facility. The notices were posted on bright yellow and pink paper in the following locations within the facility: Counseling hallway, Disciplinary office, Staff kitchen area, Staff dining room, Classroom one, Administration hallway, Unit 2 phones, Unit 2 back hallway, Unit 2 Counseling Hallway, Unit 1A Phone room and medical. By nature of being a Community Confinement Center located in a community at large, the facility is without the restrictions of a secure facility and residents have unfettered access to the US Postal Service and able to correspond with the auditor via mail without monitoring by the facility. The auditor did not receive any correspondence from residents or staff during this audit.

On January 8, 2020, an internet search for PREA information, press releases, pending litigation and DOJ involvement rendered negative results. PREA information on the Georgia Department of Corrections website included an overview of PREA, PREA policy, prior PREA reports, Annual PREA statistical reports, addresses and telephone numbers for hotlines and a mechanism for third-party written reporting of sexual abuse or sexual harassment. The auditor reviewed these reports and found them to be comprehensive and relevant to PREA. The auditor also contacted *Just Detention International* (JDI) and the State of Georgia *Network to End Sexual Violence* on January 8, 2020 for any PREA related information involving CTC. JDI responded to the Auditor telephonically on January 10, 2020 and indicated no PREA information was reported for CTC. To date, the auditor has not heard from *Network to End Sexual Violence*.

On January 13, 2020, the auditor conducted a thorough review of the PAQ and all uploaded documents and materials in the OAS. Documents included policies and procedures, staff and resident training and education documents, various forms and logs. The auditor prepared an issue log detailing the need for information clarification and/or the need for additional documentation. The issue log was sent to the PCM on January 14, 2020, with a completion target date of January 22, 2020. PCM Henderson responded via email on January 22, 2020.

The State of Georgia mandatory reporting laws pertain to child and elderly (incapacitated or dependent) abuse and neglect and are applicable to licensed medical professionals, mental health professionals, social workers, school administrators and teachers, and law enforcement personnel. The auditor contacted SAFE/SANE personnel who conduct forensic examinations for GDC to gain a better understanding of sexual safety at this facility during the post on-site phase of the audit.

On-Site Audit Phase

The on-site phase of the audit began on Monday, February 5, 2020. An entrance briefing, facilitated by the auditor was conducted with facility and agency leadership. In attendance were Superintendent Michael Cannon, PCM Laquata Henderson and the agency PREA Analyst. The briefing included introductions and discussions of expectations during the on-site phase of the audit. The daily agenda was discussed along with the auditor's auditing philosophies, meaning of a practice-based audit and methods of determining substantial compliance with the standards.

Site-Review:

Immediately following the entrance briefing, the auditor conducted a comprehensive site review of the Entire CTC. Accompanying the auditor were the superintendent, assistant superintendent and PCM. As noted above, the physical layout of the facility includes one one-story building which contains two housing units (male and female), medical wing, library/education and staff administrative offices. The facility contains a full-sized kitchen and dining/visiting room areas residents have access to under staff supervision only. The in-house population count on the first day of the audit was 359. The site review encompassed the following areas, while observing specific practices:

Physical Layout

Camera Locations/Lines of sight into resident rooms or bathing and toileting areas

Observation of any Blind Spots

Posted PREA Audit Notices

Resident Information/files in Secured Area

Staff Personal Files in Secured Area

PREA Information Posted English & Non-English

Staff of the opposite gender announcements

Resident Program Areas

Facility Appearance Facility Grounds

Interactions between staff and residents initial Intake Screening

Administration Area Storage Rooms & Closets Laundry

Kitchen, Dining Room/Visitation

Control Room Monitors

Key Staff Work Areas

Grievance Process

This community-based facility does not have any of the following areas for the auditor to observe in order to decide compliance determination, the following observations were made during my on-site tour of the facility: Sally ports, segregation unit, mental health area, indoor recreation area. Residents at CTC have access to outdoor recreation. p>

During the site review the auditor had the opportunity to witness open interactions between staff and residents all of which were professional in nature. Audit notices were posted at indicated locations identified in the PAQ. PREA information was posted on the walls in the entrance to each housing unit, resident dayrooms, dining/visitation area and the main hallways and phone rooms. The posters contain information on the facility's zero tolerance policy, and resident rights to be safe from sexual abuse, all reports of sexual abuse are investigated confidentially and reporting mechanisms including phone numbers, email addresses which residents have access too, and mailing addresses. All bulletin boards with this information were identical in all areas posted.

The shared bathrooms contained showers with curtain partitions allowing for appropriate privacy as did the toilets. Incidental viewing by staff of either gender is possible, but not likely. All closets and mechanical rooms are secured and only accessible by staff with keys. There are no designated living quarters for transgender residents and no separate restroom or shower facilities. Transgender and intersex residents are allowed to shower at different times than the other residents if they choose to. The laundry rooms do not have mirrors or cameras, however, have an open door with easy staff supervision and no blind spots. The auditor did not notice any inconsistencies with staff making cross-gender announcements. Announcements were made prior to staff entering the housing areas.

The facility has a video camera surveillance system offering DVR capabilities and video storage of up to 30 days. It is a zoom and pan system offering multiple simultaneous screen views. The camera system has 34 cameras strategically placed in all areas of the facility for maximum view coverage inside the building and outside facility grounds. Cameras are placed in the following areas: Facility entrance and main hallway, visitation/program area, all housing unit hallways and stairwells, and the facility exterior. The auditor did notice blind spots in the food service storage area which could lend to undetected sexual abuse. The area has a large mirror that should be repositioned to view all areas of the room.

During the site review the auditor had the opportunity to informally nine staff and 18 residents and test hotline and advocacy numbers to ensure residents can get through and that it was indeed toll-free. The auditor experienced connection problems and identified the contact number for the PREA hotline was incorrect. The facility immediately revised the posted information throughout the facility and began notification processes to alert the residents of the change. The auditor retested the phone line on various phones in the housing units and had no further issues.

The auditor had the opportunity to observe an intake and risk screening while at the facility. Intake Screening took place in a classroom-like setting where residents viewed an informational PREA video. The assessment took place separately in a private room between the staff member and resident immediately after the initial intake and property receipt. The risk screening tool contained all PREA relevant questions.

Staff Interviews:

The auditor conducted mandatory interviews with the following agency leadership which are not counted in the total number interviewed.

Facility Superintendent Michael Cannon
PREA Compliance Manager Laquata Henderson
Agency Head (Designee) Grace Atchison
Statewide PREA Coordinator Grace Atchison

The auditor randomly selected the required minimum of 12 staff members to interview. The auditor alternated between the first and last name on the roster on a rotating basis. Utilizing this method, the auditor was able to obtain interviews on each shift with staff of various positions and levels of responsibility. The interviews took place in a private conference room with just the auditor and interviewee. Shift schedules are as follows:

1st Shift: 6:00 am – 6:00 pm 2nd Shift: 6:00 pm – 6:00 am

The auditor conducted the following specialized staff interviews during the on-site phase and *post on-site by phone:

CATEGORY OF STAFF INTERVIEWED AND # OF INTERVIEWS CONDUCTED:

Random Staff (12) Note: Selected from All Shifts
Specialized Staff (10)
Staff Informally Interviewed during Facility Tour (9)
Staff Refused to interview (0)

Total Staff (31)

BREAKDOWN OF STAFF INTERVIEWS PER PROTOCOLS:

SAFE and/or SANE Staff (2)

Designated staff member charged with investigations (1)

Designated staff member charged with monitoring retaliation (1)

Staff who perform screening for risk of victimization and abusiveness (1)

First responders, security staff (1)

First responders, non-security staff (0)

Intake Staff (1)

Staff on Sexual Abuse Incident Review Team (1)

Administrative (Human Resources) staff (1)

Agency Contract Administrator (1)

Volunteers and contractors who have contact with residents (0)

Non-Medical staff involved in cross-gender strip or visual searches (0)

Specialized Staff Protocols Utilized (10)

As noted in the PAQ and observed during the site review, CTC does not house youthful residents, does not have mental health staff and does not have segregated or special housing units. Therefore, the following specialized positions were not applicable for interview: Line staff who supervise youthful residents, education and program staff who work with youthful residents, staff who supervise residents in segregated housing or medical and mental health staff. No volunteers were available for interview and the facility did not have contractors at the time of the audit.

The auditor interviewed a total of 31 staff members (9 informal, 12 random, 10 specialized). Staff interviews revealed staff at the CTC conveyed a very good understanding of PREA and their roles as they relate to PREA responsibilities. All staff interviewed knew their first responder duties and indicated they received training on the required PREA topics. There have been no instances when staff had to respond to an emergent incident regarding sexual abuse or sexual harassment during this audit cycle.

Residents Interviewed:

The facility had an in-house population of 359 on the first day of the audit. As such, the auditor was required to interview 26 residents (13 random residents and 13 targeted residents). There were three LGBTI residents residing at the facility. As such the auditor was required to select a total of 23 random residents of which were from each housing unit along with a representative of varying races.

CATEGORY OF RESIDENTS AND NUMBER OF INTERVIEWS CONDUCTED:

Random Residents (Total) (24) Note: Selected from all Housing Units

Targeted Residents (Total) (3)

Residents Informally Interviewed (during facility site review) (18)

Total Residents Interviewed: (45)

Residents Refused to be Interviewed (0)

Youthful Residents (0)

Resident with a Physical Disability (0)

Residents who are Blind, Deaf, or Hard of Hearing (0)

Residents who are LEP (0)
Residents with a Cognitive Disability (0)
Residents who Identify as Lesbian, Gay, or Bisexual (0)
Residents who Identify as Transgender or Intersex (1)
Residents in Segregated Housing for High Risk of sexual Victimization (0)
Residents who Reported a Sexual Abuse (0)
Residents who Reported Sexual Victimization During Risk Screening (0)

All random and targeted interviews revealed residents at CTC are receiving the proper PREA education, feel safe at the facility and felt they could approach staff regarding any issues. The residents interviewed described PREA and the various ways to report allegations of sexual abuse and sexual harassment: verbally or in writing to facility staff, PREA hotline, third party, and/or anonymously.

Records Review:

The auditor reviewed staff and resident records to ascertain PREA compliance or non-compliance. Staff files and resident files were initially identified from the corresponding interviews lists. Adjustments were made as the process went along as some original residents were not available for interview. The auditor chose a representative sample of documents in the various categories. Below is a representation of what type and how many records were reviewed.

TYPE AND NUMBER OF RECORDS:

Staff Personnel Records/Documentation (12)
Volunteers Files/Documentation & Background Checks (0)
Contractors Files/Documentation & Background Checks (0)
Training Files/Documentation/Records (11)
Resident Records (24)
Medical / Mental Health Records (Victims)/Documentation (0)
Grievance Forms (SA and SH) (0)
Investigation Records (SA and SH) (2)
PREA Screenings (27)
Initial Criminal Background Checks (10)
Five (5) Years Criminal Backgrounds Checks (2)

Review of records identified above revealed staff, contractors and residents receive PREA training and education as required. Files contained all required documents and information related to PREA.

Investigations:

REPORTING METHOD: SEXUAL ABUSE AND SEXUAL HARASSMENT

Resident on Resident (1)
Staff on Resident (0) Hotline (1)
Grievances (0)
Reported to Staff (1)
Anonymous, 3rd party (1)
Reported by Staff (0)

Total (2)

One PREA allegation of sexual abuse by a resident against another resident and one PREA allegation of sexual harassment were reported during this audit cycle. The interview with the facility investigator revealed the allegation of sexual abuse is ongoing and the allegation of sexual harassment was determined to be unsubstantiated.

Exit Briefing

On February 7, 2020, an exit briefing was conducted with facility and agency leadership. The auditor discussed observations during the audit and next step expectations, to include the triangulation of all evidence (documentation, interviews and observations) in determining compliance or non-compliance with the standards.

The audit process did allow for clear and unfettered access to all areas of the facility, documentation, staff and residents.

Post On-Site Phase

During the post on-site phase of the audit process, the auditor interviewed SAFE/SANE and a representative from Southern Crescent Sexual Assault and Child Advocacy Center. The auditor communicated with the facility requesting additional information for clarification of any pending issues.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Facility Demographics:

Clayton Transitional Center (CTC) is community based transitional center located at 424 Falcon Drive, Forest Park, GA 30297. CTC's mission is to assist residents in making a successful transition back into the community by providing social and employment skills. CTC houses adult male felons medium and minimum-security levels from GDC. The facility has a rated capacity of 376. The current population at the facility is 359 with an average population of 376 residents for the past twelve-months as reported by the facility. The facility is comprised of one two story building, Unit 1, along with a separate detached single-story building, Unit 2. Unit 1 was constructed in 2002. Unit 2 was constructed in 1987 and both buildings were last renovated in 2004. Both buildings combined have the capacity to hold 376 residents. Unit 1 has two floors, U1A and U1B and accommodates all orientation and phase I residents and Unit 2 Two accommodates advanced phases II and III.

Upon entering the facility lobby all residents, staff and visitors are required to go through a metal detector and sign in prior to entering through a metal detector.

Below is a representation of the overall facility demographics:

Number of Full-Time Staff Reported (49)

Number of Part-Time Staff Reported (0)

Types of Supervision Practiced – Direct Staff Supervision/Video Surveillance

Number of Housing Units (2)

Facility Resident Designed Capacity (376)

Actual Number of Residents Housed on the First Day (359)

Total In-House Residents: (359)

Security Level – Minimum, Medium

Average Length of Stay – 2 years

Gender Composition – Male

The staffing complement consists of a Health Services Administrator, 32 correctional staff, including one Chief of Security, six sergeants and 24 security staff. Administrative staff consist of the Superintendent, secretary, financial Ops Generalist, and accounting clerk. There are three food service operation workers, food service operation specialist, one teacher and one maintenance worker. The Superintendent is responsible for the overall operation of the facility and its programs. The facility has designated Sexual Abuse Response Team members comprised of multi-disciplinary staffing positions. A behavioral health counselor serves a dual role as the facility's PREA Compliance Manager, another as the staff responsible for conducting risk assessments and another as the facility's Retaliation Monitor. The Chief of Security serves as the facility investigator.

CTC offers several programs for the residents. Programming includes the following:

- Academic: General Education Diploma, Adult Basic Education, Literacy Remedial
- Counseling: Pre-Release, Work Adjustment, Health Awareness, Employment Readiness, 12-Step Group, BASIC World of Works, Odyssey courses, Anger Management
- Recreation: General Recreation
- Religious Activities: Various Worship Services, Bible Study
- Vocational/OJT: Food Services, Maintenance, Laundry and Barbering

Visitation is scheduled on Saturdays and Sundays and all state holidays, from 9:00 am – 3:00 pm and is staffed by one correctional officer during hours of operation.

Residents are assigned as permanent workers in food service, sanitation, building maintenance, barbering, laundry, vehicle maintenance and grounds keeping. The remaining residents are assigned to work release.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	0
Number of standards met:	41
Number of standards not met:	0

Number of Standards Exceeded: 0

Standards Met

Number of Standards Met: 41

115.211; 115:212; 115:213; 115:215, 115:216; 115:217; 115:218; 115:221; 115:222; 115:231; 115:232;
115:233; 115:234; 115:235; 115; 241; 115:242; 115:251; 115:252; 115:253; 115:254; 1152:61; 115:262;
115:263; 115:264; 115:265; 115:266; 115:267; 115:271; 115:272; 115:273; 115:276; 115:277; 115:278;
115:282; 115:283; 115:286; 115:287; 115:288; 115:289; 115.401; 115.403

Standards Not Met

Number of Standards Not Met: 0

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program PN 208.06, Eff 3/2/18 c. GDC Organizational Chart d. CTC Organizational Chart <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none"> a. Specialized Staff <ul style="list-style-type: none"> - PREA Coordinator - PREA Compliance Manager <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p>

115.211 (a). GDC, and by extension the CTC, has a written policy entitled, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (Eff. 3/2/18), describing its mandate of zero tolerance toward all forms of sexual abuse and sexual harassment (p. 1). The policy (pp. 7-13) also describes how the facility will implement GDC's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Specifically, it includes staffing plans, technological advances and facility improvements, unannounced rounds, cross gender viewing and searching restrictions, screening and assessments, hiring and promotion practices and addressing disabled residents or those with limited English proficiencies. The PREA policy (pp. 3-5) defines the prohibited behaviors regarding sexual abuse and sexual harassment and resulting disciplinary action for residents if upon investigation, these behaviors are found to be coerced. Disciplinary action will be initiated against staff members up to termination of employment.

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

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.211 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <p>Documents:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, <i>(eff. 3/2/18)</i> <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none"> a. Agency Contract Administrator <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>For purposes of this audit, this auditor is not required to make a compliance determination for provisions (a) and (b) of this standard CTC does not contract for the confinement of residents. The facility reported in their response to the Pre- Audit Questionnaire (PAQ) they have not entered or renewed a contract for the confinement of residents since the last PREA audit. GDC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 7) does allow for contracts with private entities for the confinement of residents. It requires GDC to ensure that contracts for the confinement of its residents with private agencies or other entities, including governmental agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA Standards and that any new contract or contract renewal shall provide for Department contract monitoring to ensure that the contractor is complying with the PREA Standards.</p> <p>The interview with the Agency Contract Administrator confirmed CTC Facility does not contract with private entities for the confinement of residents. GDC does, however, contract with private entities in other facilities and the PREA Coordinator indicated contracted facilities are also on a 3-year cycle and are compliant with the frequency and scope of audits. They are required to submit their final PREA reports to the PREA Coordinator to verify compliance with PREA.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.212 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>

115.213	Supervision and monitoring
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, (eff. 3/2/18) c. CTC Facility Staffing Plan (eff. 2/18/19) d. CTC Facility Unannounced Rounds Memorandum, (dated 1/1/20) e. 2018 PREA Annual Report f. 2019 Annual Staffing Plan Review g. Daily Post Rosters <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none"> a. Specialized Staff: (2) <ul style="list-style-type: none"> -Superintendent -PREA Coordinator <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <ul style="list-style-type: none"> a. Observations of Staffing Plan on all shifts <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.213 (a). GDC’s Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 6-8) requires each facility to develop, document and make its best efforts to regularly comply with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring to protect inmates against sexual abuse. In its response to the PAQ, the facility provided a copy of the staffing plan, dated 1/2/2020 for CTC Facility and indicated it is predicated on a resident capacity of 376. The auditor reviewed the staffing plan and found it did not contain all relevant requirements pursuant to this provision. The staffing plan documents overall staff coverage per location and duty station, other relevant factors to include sick and annual leave, priority and gender specific posts, unplanned escorted hospital trips and transfers, and documents consideration for the physical layout of the facility and its multiple buildings. It does not however, take into consideration or mention the prevalence of substantiated and unsubstantiated incidents of sexual abuse which could possibly determine additional staff coverage in certain areas of the facility. The staffing plan also does not address taking any judicial findings into consideration</p>	

when in calculating adequate staffing levels. Based on the facility having a staffing plan in place and reviewed on an annual basis, and interviews with staff, auditor conversations, the auditor is confident all areas of the provision are being met. The auditor will recommend revising the plan to included succinct language pursuant to this provision.

Interviews with the superintendent and PREA compliance manager indicated the facility uses electronic technology (camera system) to supplement staffing. The PREA Unit reviews and approves staffing plans for all facilities on an annual basis. Staffing plans are also reviewed any time there is a change to the plan.

The staffing plan includes a breakdown of the total staffing, deployment of post and identification of priority posts. The auditor reviewed a sampling of daily Post Rosters to confirm appropriate staffing levels. The staffing plan also contains a contingency for staff 'call ins' by continuing to man the post by staff of previous shift until relief has arrived to maintain the minimum adequate staffing levels. The staffing plan details video monitoring in relation to the physical layout of the facility and lists the areas where the cameras are located. Recordable video cameras are utilized to supplement staff supervision. There are a total of 34 cameras strategically located throughout the facility to enable viewing and to mitigate blind spots. The auditor observed staffing levels during the site review and on the 2nd and 3rd shifts and found them to be within the parameters of the staffing plan.

115.213 (b). GDC's Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 18-21) discusses when circumstances arise where the staffing plan is not complied with, the facility will justify and document all deviations on the daily Post Roster. In its response to the PAQ, the facility indicated there were no deviations from the staffing plan during the past 12 months. The auditor reviewed a sampling of daily Post Rosters and found no deviations noted. CTC Facility is expected to "make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect offenders against sexual abuse, per the PREA policy (p. 1).

The interview with the superintendent revealed there have no deviations from the staffing plan, however, if there were, the reasons would be documented.

115.213 (c). On an annual basis, CTC consults with the agency PREA Coordinator and conducts an assessment of the staffing plan to determine whether or not adjustments are needed to the established staffing plan and video monitoring systems as required by GDC's Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 20). The facility provided the auditor with the latest staffing plan review documentation in response to the PAQ, which confirmed annual reviews are taking place. Included in the annual review of the staffing plan, the facility assessed the staffing plan itself to include any evidence of prevailing staffing patterns, if there was a need for additional video monitoring systems or cameras and discussion of resources the facility has available to commit to ensure adherence to the staffing plan.

Interview with the PREA Coordinator indicated annual reviews typically occur in January of each year by the PREA Unit. At minimum, the PREA Unit reviews and approves staffing plans for all facilities on an annual basis. Staffing plans are also reviewed any time there is a change to the plan. For example, facility infrastructure, staffing changes, technology upgrades or malfunctions, post changes, additions, subtractions, etc.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.213 based upon documentation provided and interviews conducted.

Corrective Action: (None)

Recommendations: (1)

1. Revise the Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention CTC's staffing plan to include considerations of the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any judicial findings of inadequacy.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, (eff. 3/2/18) c. CTC Facility Training Curriculum on Searches d. Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches (dated 1/4/20) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ol style="list-style-type: none"> a. Specialized Staff: <ul style="list-style-type: none"> - Non-Medical Staff (involved in cross-gender strip or visual searches) (0) b. Random Staff (12) c. Random Female Inmates (N/A) <p>In order to decide compliance determination, the following observations were made during my on-site tour of the facility:</p> <p>Observations of cross-gender announcements</p>

a. Intake Screening Process

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

115.215 (a). The agency's PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, under section Limits to Cross-Gender Viewing and Searches (p. 9) addresses provision (a) verbatim to the Standards. All random staff interviews corroborated the policy prohibiting cross gender searches absent emergent and exigent circumstances. Facility responses in the PAQ indicated cross-gender strip and cross-gender visual and body cavity searches of inmates are prohibited and not conducted. The facility's Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches, further reiterates the prohibition of cross gender searches. In the 12-months preceding the audit, the facility reported zero cross-gender strip and cross-gender visual and body cavity searches, and zero were conducted that did not involve exigent circumstances or performed by non-medical staff. During the pre-onsite phase on 1/25/20, the auditor requested a list of medical and non-medical staff who conduct cross-gender visual (strip) or body cavity searches and any instances in which a cross-gender supervisor was present during a strip search. The facility responded by indicating no searches of this nature were conducted in the past 12 months preceding the audit, and as such, there were no interviews with non-medical staff conducted. The auditor will recommend facility staff develop a logbook for documenting cross-gender strip and/or cross-gender body cavity searches. Although it is facility and agency policy to not conduct these searches, if appropriate local police or community medical staff conduct a search, documentation will be required.

All random staff interviews corroborated the policy prohibiting cross-gender searches absent emergent and exigent circumstances.

The auditor finds the facility in compliance with PREA Provision 115.215 (a) based upon documentation provided.

115.215 (b). Provision(b) is not applicable in determine compliance of this standard as the facility only houses male residents.

115.215 (c). The agency's PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, under section Limits to Cross-Gender Viewing and Searches (p. 9), requires cross-gender visual body cavity searches and cross-gender pat searches of female inmates be documented. During the Pre-onsite phase of the audit, the auditor requested documentation of exigent circumstances that may have permitted a cross-gender staff member to conduct a strip or body cavity search; and, of cross-gender staff conducting pat searches of female inmates. The facility responded by indicating there were no cross-gender pat searches or strip or body searches conducted by correctional or medical staff and thus, there was no documentation to review.

115.215 (d). The facility uploaded the Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 9) in their response to the PAQ. Policy stipulates facilities will enable inmates to “shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks”. Included in the policy is a requirement for staff of the opposite gender to announce their presence when entering a resident’s housing unit. Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches supplements policy by requiring staff of the opposite sex, including the assigned housing unit officer to announce themselves prior to entering a housing unit. During the facility tour, the auditor observed staff of the opposite sex announce themselves prior to entering each housing unit. The interviews with a random selection of staff revealed staff announce themselves prior to entering housing areas. All random and targeted resident interviews indicated staff announce themselves prior to entering their housing unit and all inmates indicated they have never been naked in the presence an opposite gender staff member.

According to policy, inmates are notified verbally upon arrival to the facility of the expectation they be clothed in the presence of cross-gender staff members when not in the bathing areas or restrooms. The auditor observed an intake screening where staff did notify the inmate of the dress code. Policy requires inmates should shower, perform bodily functions and change clothing in designated areas. The auditor observed the following notice posted in both housing units: “NOTICE TO OFFENDERS: Male and female staff member routinely work in and visit the housing areas.” The auditor will recommend the facility post a bi-lingual notice at the entrance of each housing unit. The auditor verified camera views do not extend into the bathing and restroom areas where inmates are likely to be unclothed.

115.215 (e). The facility indicated in their response to the PAQ that they do not allow strip searches or any searches in which inmates would be exposed or asked to take off their clothing and, and zero searches were completed on transgender or intersex inmates for the sole purpose of determining their genital status in the 12 months preceding the audit. The agency’s policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 8, Limits to Cross-Gender Viewing and Searches (P. 9) addresses provision (e) verbatim to the Standards. Policy prohibits staff from physically examining a Transgender or Intersex offender for the sole purpose of determining the offender’s genital status. The facility’s Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches further reiterates this policy and emphasizes inmate dignity. Further it discusses gender designation will coincide with the prison assignment made during classification (i.e. offenders at a female prison will be searched as females, and offenders at a male prison will be searched as males). The Local Policy Directive also details how to search transgender and intersex inmates. Random staff interviews revealed 100% knew of the facility’s practice of prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident’s genital status. No transgender or intersex inmates were residing at the facility for the auditor to interview.

115.215 (f). The facility indicated in their response to the PAQ that 100 percent of security staff have been trained to conduct cross-gender pat-down searches and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Random interviews with staff indicated 100% received training on cross-gender pat-down searches and searches of transgender and intersex inmates. A review of training documentation consisted of CTC Facility's Annual Training Curriculum and training roster (sign-in sheet). The sign-in sheets for PREA training did not indicate what specific training topics were addressed and the facility could not provide a curriculum supporting cross-gender or transgender/intersex searching. As such, the auditor could not verify staff are receiving the required training based on the documentation provided. However, with all staff indicating they received the training and described how to conduct transgender and intersex inmate pat searches, the auditor determined the practice has been institutionalized and staff would know what to do in the event exigent circumstances arise. The auditor will recommend the facility revise its PREA training sign-in sheets to include specific topics.

Current operations and practices meet the requirements of PREA Standard 115.215 based on interviews conducted and documentation reviewed.

Corrective Action: (None)

Recommendations: (3)

1. Post a bi-lingual notice at the entrance of each dormitory informing Inmates that they may be subject to cross-gender supervision at any time and willful and intentional display of the genital area, groin, or buttocks is strictly prohibited.
2. Create a logbook for cross-gender strip and/or cross-gender body cavity searches for documentation purposes in the event an outside agency conducts a search of this type.
3. Revise PREA training sign-in sheets to include specific topics.

115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	In order to decide compliance determination, the following policies and other documentation were reviewed:

- a. Pre-Audit Questionnaire (PAQ)
- b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program SOP 208.06, (eff. 3/2/18)
- c. Contract - Language Line Solutions (Interpretive Services)

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

- a. Specialized Staff: (1)
 - Agency Head
- b. Random Staff (12)
- c. Targeted Residents:
 - Residents (with disabilities or Who are Limited English Proficient) (0)

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

- a. Posted PREA information throughout the facility

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

115.216 (a). GDC's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 9, Offenders with Disabilities, Who Have Limited English Proficient (LEP), or have Limited Reading Skills (p. 11) requires the local (facility) PREA Compliance Manager to ensure appropriate resources are available to residents with disabilities and those who are LEP so they may understand the facility policies regarding preventing, detecting, reporting and responding to sexual abuse and sexual harassment. The facility provided the auditor with a copy of the contract with Language Line Solutions to provide interpretive services for limited English proficient residents in making an allegation of sexual abuse, along with an informative brochure detailing its services. The Agency Head Designee indicated all PREA-related educational materials are available in formats for disabled or LEP (Limited-English Proficient) offenders. In addition to the PREA-materials, the agency has a dedicated ADA Coordinator who also provides resources to disabled or LEP offenders. There were no residents with disabilities or LEP to interview.

115.216 (b). As noted in provision (a) of this standard, interview with the agency head revealed the facility has a contract with Language Line Solutions to communicate with LEP residents. The PCM also indicated the facility also has contracts with Interpreters Unlimited, Lionbridge, and ALL Word Language Consultants. Dual language PREA information and brochures are visibly posted throughout the facility and in housing units and are readily available for the residents. A December 2019 memorandum from the PCM stated there were no LEP residents at the facility. The same was presented during the on-site visit therefore, no interviews with LEP specific residents were conducted.

The auditor finds the facility in compliance with PREA Provision 115.216 (b) based upon documentation provided and interviews conducted.

115.216 (c). CTC's written PREA policy entitled, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 9b., Offenders with Disabilities, Who Have Limited English Proficient (LEP), or have Limited Reading Skills (p. 11) addresses the facility's reliance on resident interpreters, readers, or other types of resident assistants. CTC is not to rely on them and use only if exigent circumstances arise. Exigent circumstances include where any extended delay in obtaining an interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of resident allegations. All random staff interviews indicated they do not use any type of resident assistants to assist in translation. The facility reported in its PAQ response that CTC had zero instances when residents or other types of resident assistance was used during the past 12 months. Policy is in place, and staff interviews support the non-use of any type of resident assistants, the auditor is convinced the practice has been institutionalized.

Current operations and practices meet the requirements of PREA Standard 115.216 based on interviews conducted and documentation reviewed.

Corrective Action: None

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none">a. Pre-Audit Questionnaire (PAQ)b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)c. GDC Employment Applicationd. Employee Personnel Files (7)e. GDC Background Checks on Employees, Contractors, Volunteers

- f. GDC Applicant Verification Form, SOP 104.09, (eff. 8/5/15)
- g. GDC Professional Reference Check Form, SOP 104.09, (Eff. 8/31/18)
- h. Contractor Files (1)

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

a. Facility Human Resources Staff

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

115.217 (a). The agency's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 11-13) addresses this provision in detail and complies with the PREA Standards. No prospective employee, who may have contact with inmates, is hired or contracted for services who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution defined in 42. USC 1997; who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent; of who has been civilly or administratively adjudicated to have engaged in the activity described in the above. In response to the PAQ, the facility reported zero prospective staff or contractors were hired during the past 12 months preceding the audit. The auditor asked for and reviewed a random sampling of employment files (8) during this audit cycle and determined background checks were performed on all eight staff and contractors as required. Specifically, each applicant was queried prospective employees if they have ever:

- Engaged in sexual abuse and/or sexual harassment in a prison, jail, lockup, community Confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- Have been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Have been civilly or administratively adjudicated to have engaged in the activity as described above.

115.217 (b). The agency's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 11-12) requires GDC to consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with offenders. Prior interview with the Administrative (Human Resources) Staff revealed sexual harassment is taken into consideration prior to hiring anyone, employee or enlisting the services of contractors who may have contact with inmates. The facility completes a Professional Reference Check form which asks is the applicant is under an internal investigation or has an active disciplinary action or adverse action. The form addresses Standard 115.217 as it relates to sexual abuse, but not sexual harassment. The auditor will recommend the facility revise its form to specifically include verbiage regarding sexual harassment.

115.217 (c). The agency's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (p. 12), requires a background investigations be completed on all prospective employees and volunteers prior to their start date and having contact with inmates. The policy includes the requirement to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. It does not however, does not reference the requirement of making its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse consistent with federal, state, and local law. The interview with the human resources manager revealed the facility completes a Professional Reference Check on each transferee from prior correctional institutions to inquire as to any current or past disciplinary or investigation concerns. The auditor is confident the spirit of the standard is being met, however, will recommend policy and the Professional Reference Check form be updated to include verbiage relative to this standard.

In response to the PAQ the facility indicated zero staff were hired within the past 12 months who required a background investigation and indicated 100% of staff had background checks conducted prior to their start date during this audit cycle. The auditor asked for and reviewed a random sampling of employment files during this audit cycle and determined background checks were performed on all staff as required.

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

115.217 (d). The agency's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 13) requires a criminal background investigation be completed on all prospective contractors prior to having contact with inmates. In response to the PAQ, the facility reported zero contractors who might have contact with inmates were retained for services during the 12 months preceding the audit. The auditor asked for and reviewed a random sampling of contractor/volunteer files during this audit cycle and determined background checks were performed on all contractors as required. The auditor asked for and reviewed a random sampling of contractor/volunteer files during this audit cycle and determined background checks were performed on all as required. The interview with the facility's human resources staff indicated completing criminal background checks on all prospective contractors and volunteers is a practice at all GDC facilities.

115.217 (e). The agency's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 12-13) requires a background investigation be completed on all employees and contractors who may have contact with inmates every five-years. The facility indicated in their response to

the PAQ that agency policy requires a criminal background check at least every five years for current employees and contractors who may have contact with inmates. The interview with the facility's human resources staff revealed a tracking system is in place to ensure background checks are conducted within the required timeframes.

The auditor reviewed employee and volunteer/contractor files in need of five-year background re-investigations. File documentation confirmed all employees and volunteers had current background investigations conducted within a five-year period. The volunteer was hired in 2019 and does not require a re-investigation. The auditor is confident this practice has been institutionalized.

115.217 (f). The agency's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 12) addresses this provision in detail and includes all required information pursuant to this provision. Standard Operating Procedure 104.09, Filling a Vacancy, identifies the three specific PREA related questions as per provision (a) of this standard which are given to everyone prior to hire and having contact with inmates; and, prior to being promoted. Everyone is expected to answer each question. Specifically, each person is queried if they ever:

- Have engaged in sexual abuse and/or sexual harassment in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
- Have been convicted of engaging or attempting to engage in sexual activity in the community Facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
- Have been civilly or administratively adjudicated to have engaged in the activity as described above.

Upon reviewing employee file documentation, the auditor confirmed these PREA questions are asked and answered by the then applicant. There were no promotion files to review during this audit cycle. The interview with the facility's human resources manager indicated this is standard procedure at all GDC facilities. Employees, transferees, and those pending possible promotion are required to answer the questions.

115.217 (g). The facility indicated in their response to the PAQ that material omissions regarding misconduct described in provision (a), or the provision of materially false information, shall be grounds for termination. The agency's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 12) states, Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination."

115.217 (h). The agency's written policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 12) addresses this provision in detail and specifically states, "Unless prohibited by law, the Department shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." The interview with the human resources staff indicated providing this information is not against the State of Georgia laws and is standard practice at all GDC facilities.

The interview with the human resources manager indicated when asked, they provide this information via the Professional Reference Check Form.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.217 based upon documentation provided and interviews conducted.

Corrective Action: (None)

Recommendations: (2)

1. Update GDC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, (eff. 3/2/18) to include the following language, "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".
2. Revise the facility's Professional Reference Check form to specifically include verbiage regarding sexual harassment as it relates to provision (b) of Standard 115.217.

115.218	Upgrades to facilities and technology
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1449 398">In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <p data-bbox="252 454 686 488">a. Pre-Audit Questionnaire (PAQ)</p> <p data-bbox="252 544 1449 618">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <p data-bbox="252 674 561 786">a. Specialized Staff: (2) - Agency Head - Superintendent</p> <p data-bbox="252 842 1449 916">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="252 972 1481 1301">115.218 (a). In the response to the PAQ the facility reported they have not engaged in any substantial expansion or modification of its facility since the last PREA audit. The interview with the agency head (designee) indicated the PREA Coordinator is consulted with any substantial modifications to ensure consideration of sexual abuse prevention and in collaboration with Engineering established a written statement on every project request to ensure that sexual safety is considered. The wardens are responsible for completing this section of the updated project request form. The superintendent indicated they have not had modifications to the CTC facility. This provision is not applicable since the facility has had no expansions or modifications to their facility.</p> <p data-bbox="252 1357 1401 1509">115.218 (b). In response to the PAQ, the facility indicated they have installed or updated their camera/video monitoring system since the last PREA Audit conducted in 2017. The interviews with the agency head and superintendent also indicated new installation or updated to their electronic technology has occurred during this audit period.</p> <p data-bbox="252 1565 1471 1639">The auditor has determined current operations and practices meet the requirements of PREA Standard 115.218 based upon documentation provided and interviews conducted.</p> <p data-bbox="252 1695 561 1729">Corrective Action: None</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="252 1921 896 1955">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 2000 523 2033">Auditor Discussion</p> <p data-bbox="252 2078 1449 2152">In order to decide compliance determination, the following policies and other documentation were reviewed:</p>

- a. Pre-Audit Questionnaire (PAQ)
- b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, (eff. 3/2/18)
- c. PREA Investigation Protocol, (dated 6/15/16)
- d. Memorandum of Understanding with Day League Center, (dated 8/23/18)
- e. Standard Operating Procedure (SOP), 103.10, Evidence Handling and Crime Scene Processing
- f. SOP, 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders
- g. Procedure for SANE Evaluation/Forensic Collection
- h. Sexual Abuse/Sexual Harassment Rape Elimination Act (PREA) Education Acknowledgement Statement.
- i. Procedure for SANE Nurse Evaluation/Forensic Collection, (dated 8/14/15)
- j. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, Attachment 5, Procedure for SANE Evaluation/Forensic Collection (eff. 3/2/18)
- k. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, Attachment 7, Procedure for SANE Nurse Evaluation/Forensic Collection (eff. 8/14/15)

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

- a. Specialized Staff: (2)
 - PREA Compliance Manager
 - SAFE/SANE staff
- b. Random Staff (12)
- c. Targeted Residents
 - Residents Who Reported a Sexual Abuse (0)

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

115.221 (a). In response to the PAQ, the facility indicated they conduct both administrative and criminal investigations of alleged sexual assault and sexual harassment. Allegations that appear to be criminal in nature are referred to the Georgia Department of Corrections Investigative Division. Agency policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 27) describes the agency's expectations regarding evidence protocols and forensic examinations. Facilities are required to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility also reported its agency, GDC, is responsible for conducting criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct).

The interviews with a random sampling of staff revealed all understood first responder

protocols of gathering usable physical evidence, including separating the victim and abuser, securing the scene, ensuring the victim and abuser do not shower, wash or brush their teeth; and correctly identified the staff member responsible for conducting sexual abuse allegations. They also reported the information is confidential in nature and would not disclose any information to those without need-to-know.

115.221 (b). According to its PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 14), GDC's response to sexual assault follows the US Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" dated April 2013, or the most current version. In response to the PAQ, the facility reported it does not house youthful offenders and accept adults between the ages of 21 and 72 years so the protocol requirement to be developmentally appropriate for youth is not applicable in determining compliance of this provision.

115.221 (c). Per PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 14) CTC offers all victims of sexual abuse access to forensic medical examinations at no cost to the inmates. These examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANE) as required. The facility responded in the PAQ that there was one forensic examination conducted by a SAFE/SANE. The inmate was transported to the Georgia Diagnostic and Classification Prison following an allegation of sexual assault. The inmate did not report penetration until he arrived at the facility. The interview with the SAFE/SANE staff at GDC's Satille Nurse Group confirmed this information by indicating they are and do have SAFE/SANE staff responsible for conducting forensic examinations for all individuals, including the Georgia Department of Corrections inmates. The interviewee confirmed inmates from the community transition center would be transferred to the secure facility for examinations. In response to the PAQ, the facility reported one SAFE/SANE examination took place in the past 12 months.

115.221 (d). The facility provided the auditor copy of the Memorandum of Understanding (MOU) between the CTC and the Day League Center, to provide inmates with confidential emotional support service related to sexual abuse. The MOU is indefinite, however, can be updated annually. It states in part they will, upon request from CTC, accompany inmates to the hospital for their forensic medical examination process and any in-hospital investigatory interviews. They also provide in person crisis counseling by certified licensed therapists at no cost to the inmate victims. The Interview with the PCM revealed the facility will utilize the Day League Center, a Rape Crisis Center, as a means, to have a victim advocates available to inmate victims of sexual abuse. There were no residents who reported a sexual abuse to interview utilizing the appropriate inmate interview protocol. In response to the PAQ, the facility indicated in the event a rape crisis center advocate is not available to provide advocate services, the facility will utilize the Rape Crisis Center of the Coastal Empire for those advocacy services.

The auditor reviewed the MOU which also details they will attend the required CTC certified volunteer training, assist in obtaining necessary background clearances and follow all facility guidelines for safety and security.

115.221 (e). Per PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 15) CTC offers “a victim advocate to offenders alleging sexual abuse/sexual harassment upon request” by the inmate. The interview with the PCM revealed the Day League Center is not part of the Dekalb County Criminal Justice System and is a community-based organization. The interview with a representative of the Day League Center indicated accompanying and supporting an inmate victim through the forensic examination process is a service they provide, as well as, providing emotional support, crisis intervention, information and reference documentation and referrals. The interviewee indicated they have not received a request to accompany an inmate from CTC to a forensic examination and do not recall specifically if emotional support services were needed from an inmate at CTC. There were no residents who reported a sexual abuse to interview utilizing the appropriate inmate interview protocol.

115.221 (f). In response to the PAQ, the agency is responsible for investigating allegations of sexual abuse or sexual harassment, as such, provision (f) is not applicable in determining compliance with Standard 115.221.

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

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

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.221 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	In order to decide compliance determination, the following policies and other documentation were reviewed: <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18) c. GDC Website referencing agency PREA Policy

- d. Sexual Abuse Incident Review Form, SOP 208.06, Attachment 9 (eff. 3/2/18)
- e. Sexual Assault Investigation Report, (dated 7/15/19)
- f. Sexual Allegation Response Checklist, SOP 208.06, Attachment 4 (eff. 3/2/18)
- g. PREA Investigative Summary, SOP 208.06, Attachment 6 (eff. 3/2/18)

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

- a. Specialized Staff: (2)
 - Agency Head (designee)
 - Investigative Staff

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

115.222 (a). Per policy Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 25-26) "All reports of sexual abuse or sexual harassment will be considered allegations and will be investigated. In response to the PAQ, the facility reported one incident of sexual abuse occurred during the 12-month period prior to the audit which required an administrative investigation. They also reported there were no allegations referred for criminal investigation. The interview with the agency head designee revealed administrative investigations are completed on all allegations of sexual abuse and sexual harassment. These investigations are completed by the facility SART (Sexual Abuse Response Team) and all incidents are reviewed by the facility leadership, as well as our PREA Coordinator's office. Any investigation that includes a criminal component is referred to the agency's Office of Professional Standards for criminal investigation.

The auditor reviewed the investigative file and determined it was completed timely and was objective.

115.222 (b). Per policy Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 26) "Where sexual abuse is alleged and cannot be cleared at the local level, the Regional SAC shall determine the appropriate response upon notification. If this appropriate response is to open a criminal investigation, the Regional SAC shall assign an agent or investigator..." This policy can be viewed on the GDC website - www.dcor.state.ga.us. The auditor verified the PREA policy is on the facility's website under Executive Division, Policy and Compliance. The interview with investigative staff indicated all allegations that are potentially criminal in nature are referred to the GDC's Operations of Professional Standards office for investigation.

115.222 (c). GDC conducts its own criminal investigations and therefore, its investigative responsibilities pertain only to the agency itself. Provision (c) is not applicable in determining compliance with Standard 115.222.

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

115.222 (e). For purposes of this audit, this auditor is not required to make a compliance

determination for provision (e) of this standard.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.222 based upon documentation provided and interviews conducted.

Corrective Action: None

115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none">a. Pre-Audit Questionnaire (PAQ)b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)c. Training Records – Volunteers (2)d. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, Attachment 1, Sexual Abuse/Sexual Harassment PREA Education Acknowledgement Statement. <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none">a. Specialized Staff<ul style="list-style-type: none">- Contractors/Volunteers (0) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.232 (a). The Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 17-18) addresses volunteer and contractor training requirements relative to this standard. Participation in the training is documented through</p>

volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. The auditor reviewed two volunteer files and found the appropriate documentation in place to satisfy this provision. In the response to the PAQ, the facility indicated there were 86 eight volunteers or contractors hired within the past 12-months prior to the audit. By definition from the PREA Resource Center, a person who may have contact with residents is an individual, “within the scope of that person’s official or unofficial duties or privileges, it is reasonably foreseeable that the person will have physical, visual, or auditory contact with a confined person over any period of time.” Volunteers and contractors fall under that category.

There were no contractors or volunteers to interview during the on-site visit.

115.232 (b). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 17-18) in part states, “The level and type of training provided to volunteers and contractors shall be based on the services they provide and the level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of our zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents.” Further, the policy stipulates that participation in the training is documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. The auditor reviewed two files and found the appropriate documentation in place to satisfy this provision. There were no contractors or volunteers to interview during the on-site visit.

115.232 (c). The auditor reviewed documentation for two volunteers who received PREA training, thus ensuring the facility maintains documentation confirming that volunteers and contractors understand the training they received by way of signature on the agency’s acknowledgment form that they received and understood the training. Participation in the training is documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. The form is maintained in the volunteer/contractor file.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.232 based upon documentation provided.

Corrective Action: (None)

115.233	Resident education

Auditor Discussion

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

- a. Pre-Audit Questionnaire (PAQ)
- b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)
- c. Resident Files (12)
- d. Resident Awareness and Education Brochures (Spanish and English)
- e. CTC Resident Handbook
- f. ADA Accommodation Request Procedure, SOP 103.63

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

- a. Random Residents (12)
- b. Specialized Staff (2)
 - Intake staff

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

- a. Observations of prominently posted PREA materials in housing units and common areas
- b. Intake Screening Process
- c. Inmate Orientation

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

115.233 (a). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 18) requires notification of the GDC's zero-tolerance policy for sexual abuse and harassment and information on how to report an allegation at the receiving facility be provided to every offender upon arrival to the facility. In response to the PAQ, the facility reported 666 residents were orientated at CTC in the 12 months preceding the audit and 100% received the facility's information on its zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or harassment and rights to be free from retaliation for reporting any such incidents.

The random resident interviews revealed 100% received the zero-tolerance information on sexual abuse and sexual harassment and how to report when they first arrived at the facility. The interviews with intake staff revealed during the intake process the facility provides PREA information explaining the CTC's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment both verbally and in writing. They receive a comprehensive PREA brochure and a resident handbook which details PREA and reporting mechanisms.

The auditor had the opportunity to observe an intake screening at CTC on Thursday,

February 6, 2020. The auditor verified PREA information was disseminated to the residents. During the initial intake residents watched a 20-minute video presentation on PREA, "*Right Not to be Sexually Abused*." All random inmates interviewed stated they received information on the agency's zero tolerance on sexual abuse and sexual harassment.

115.233 (b). The facility's response to the PAQ indicated 326 residents were transferred from a different community confinement facility in the past 12 months. 100% of those residents received comprehensive PREA education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

CTC provides PREA education/refresher education to all residents who are transferred to their facility, regardless of where they transferred from, within 15 days of intake as stated in their PREA policy (P. 18). The auditor's review of resident files revealed all contained a signed acknowledgment they were given a copy of the resident handbook which contains a comprehensive PREA information section beginning with "Zero Tolerance for Sexual Violence", as well as, watched a PREA video titled, "Speaking Up." A question and answer period immediately follow the video presentation. The video is approximately 20 minutes in length and stresses sexual abuse as not being a part of a resident's sentence.

Random interviews with residents revealed 100% received refresher training with the other residents who arrived at the facility. Interviews with intake staff indicated their practice is to provide PREA information upon arrival, including the facility's zero-tolerance stance on sexual abuse and sexual harassment, and a more detailed PREA education process during orientation for all new transferees.

115.233 (c). Per GDC Standard Operating Procedure, 103.63, Accommodation Request Procedure, qualified offenders with disabilities will have equal access to services, programs, and activities. GDC and each GDC facility has an ADA Coordinator to assist with special needs. According to the policy, to ensure effective communication with those residents who are hearing impaired, GDC will provide hearing aids and services free of charge. Services include qualified sign language interpreters and oral translators, TTY s, videophones, note-takers, computer assisted real time transcription services, written materials, telephone handset amplifiers, assistive listening devices and systems, telephones compatible with hearing aids, closed caption decoders or TVs with built-in captioning, open and closed captioning of GDC's programs, or other equally effective solutions.

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

services, and dual language PREA posters and brochures.

115.233 (d). The facility maintains documentation of resident participation in PREA education sessions. All PREA education documents that facility case management staff discuss with and provide residents are signed and dated by both staff and resident. Documents include the Offender Orientation Checklist, which includes verification of watching the PREA video and receipt of the resident handbook. All residents also sign an acknowledgement stating "On (date) received the Prison Rape Elimination Act (PREA) orientation at CTC. This orientation consisted of watching the PREA "Speaking Up" video, followed by a question-and answer period. I also received the Sexual Assault, Sexual Harassment, and Prison Rape Elimination Act handouts during the intake process. The auditor's review of the resident files revealed the majority contained the appropriate forms and signatures of receipt.

115.233 (e). The facility ensures key information about CTC's PREA policies is continuously and readily available and/or visible through posters, brochures and resident handbooks. The auditor observed that facility practice allows for each resident to sign for and retain a copy of the resident handbook and PREA brochures. During the site review, the auditor observed dual language PREA hotline posters prominently displays in the facility and in the housing units by the entrance and in the dayrooms by the telephones.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.233 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none">a. Pre-Audit Questionnaire (PAQ)b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)c. Training Records of Investigative Staff (1)d. NIC Training E-Course, Investigating Sexual Abuse in a Confinement Setting <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none">a. Specialized Staff (1)

- Investigative Staff

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

115.234 (a). Per the agency's Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 19), specialized training is a requirement for staff conducting sexual abuse and sexual harassment investigations in confinement settings. As reported in the PAQ, the facility conducts administrative investigations that do not rise to the level of potentially criminal in nature. Potentially criminal allegations are referred to the GDC's Operations of Professional Standards office for investigation. The interview with investigative staff revealed she received specialized training in January 2020. Review of investigative staff training files confirmed certifications of completion for PREA: Investigating Sexual Abuse in a Confinement Setting which was presented by the National Institute of Corrections.

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

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

The auditor verified through the NIC website that Investigating Sexual Abuse in a Confinement Setting contained required topics pursuant to 115.234 (b) and review of the investigative staff training file documented a certification of completion for Investigating Sexual Abuse in a Confinement Setting.

115.234 (c). Review of investigative staff training files for one investigator at CTC confirmed a certification of completion for Investigating Sexual Abuse in a Confinement Setting.

As such, the facility maintains documentation supporting the investigators have completed the required specialized training in conducting sexual abuse investigations.

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

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.234 based upon documentation provided and interviews conducted.

Corrective Action: None

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- a. Pre-Audit Questionnaire (PAQ)
- b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)
- c. Training Documentation – Medical and Mental Health Staff (3)
- d. NIC Training E-Course, Medical Health Care for Sexual Assault Victims in a Confinement Setting
- e. NIC Training E-Course, Behavioral Medical Health Care for Sexual Assault Victims in a Confinement Setting

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

- a. Specialized Staff (1)
 - Medical Staff

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

115.235 (a) Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 20), stipulates in part, “all GDC medical and mental health staff members and Georgia Correctional HealthCare (GCHC) staff members who have contact with offenders will be trained using the National Institute of Corrections (NIC) Specialized Training PREA Medical and MH Standards curriculum.” Additionally, they are required to attend annual PREA in-service training.

In response to the PAQ the facility indicated it has one medical staff at the facility and the individual received her required training. The interview with medical staff indicated she received specialized training as well as, attends annual training provided by the facility.

Specialized training contains information on:

- How to detect and assess signs of sexual abuse and sexual harassment
- How to preserve physical evidence of sexual abuse
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

The auditor verified through the NIC website that Medical Health Care of Sexual Assault Victims in a Confinement Setting contained required topics pursuant to 115.235 (a) and review of training documentation revealed all had the required specialized and annual training.

115.235 (b) The interview with medical staff revealed they do not conduct forensic examinations at the facility and all forensic examinations are conducted at Atlanta Medical Hospital if it is an emergent situation. If there was a sexual assault at this facility, the medical staff at CTC would not conduct the forensic examination but would perform a physical examination to determine the extent of the injuries. The forensic examination would be conducted by the GDC contracted SANE's or at the Atlanta Medical Hospital emergency room depending upon the injuries the inmate incurred. The interviewee indicated medical staff are required to complete specialized training.

The auditor reviewed a sampling of medical staff training documentation and confirmed medical staff at the facility have completed the training titled, Medical Health Care of Sexual Assault Victims in a Confinement Setting, offered through NIC.

115.235 (c) In response to the PAQ, the facility reported it maintains documentation that medical and mental health practitioners have received specialized training. A review of training documentation revealed medical and mental health complete position-specific NIC training on Medical Health Care of Sexual Assault Victims in a Confinement Setting and Behavioral Health Care of Sexual Assault Victims in a Confinement Setting.

115.235 (d) Medical and mental health staff receive new-hire training and annual in-service training as any other CTC employee. Training includes recognizing signs and symptoms of sexual abuse, first responding as a non-uniformed staff, and how to report allegations of sexual abuse and sexual harassment, including how and to whom to report and following up with written statements. Medical staff are trained in annual in-service training on how to respond to allegations and how to protect the evidence from being compromised or destroyed. A review of training files revealed medical and mental health personnel, whether employee, contractor or volunteer acknowledge receiving training on Sexual Abuse and Sexual Harassment.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.235 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

- a. Pre-Audit Questionnaire (PAQ)
- b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)
- c. PREA Screening Tools (22)
- d. Inmate Files (22)

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

- a. Specialized Staff (3)
 - PREA Coordinator
 - PREA Compliance Manager
 - Staff who conduct Risk Screening
- b. Random Sample of Residents (25)

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

- a. Observation of the Initial Intake PREA process
- b. Observation of PREA Risk Screening Assessment

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

115.241 (a). Per GDC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 19), all residents are required to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.

The interview with a staff member who is responsible for conducting risk assessments, indicated they are conducted on all incoming residents. The interviews with a random sampling of residents revealed 19 residents received a risk assessment upon arrival to the facility, four did not and one did not remember.

The auditor observed a risk assessment screening on February 6, 2020. The screener reviewed file documentation prior to meeting with the resident so she had knowledge of his sexual background before interviewing. Risk assessments are conducted in a private office without the possibility of other residents or staff overhearing the information shared.

115.241 (b). Per GDC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 19), stipulates risk screening will be conducted within 24 hours of arrival at the facility. The facility reported in its response to the PAQ that 703 residents were admitted to the facility for over 72-hours which equated to 100% of the population who received screening for sexual victimization or sexual abusiveness during the 12 months prior to the audit. The interview with staff who conduct intake screening and risk assessments revealed they are conducted within 24 hours of arrival to the facility.

As noted in provision (a) the auditor interviewed random residents of which 19 stated they received a risk assessment either the day they arrived or the day after. The auditor reviewed 24 files and found inmate files for those admitted to the facility within the past 12-month randomly selected files. The majority of the files contained risk assessments within 72 hours, however, some files did not contain risk assessment documentation

The agency utilized an electronic program, SCRIBE, to complete risk assessments. The CTC was in transition from paper assessments to SCRIBE.

The auditor has determined that the practice of conducting risk assessments within 72 hours has been institutionalized, however the documentation of such assessments is lacking. As such, the auditor will make the following recommendations regarding risk assessments:

- Devise a tracking mechanism to ensure timely completion and supervisory review to ensure completeness and accuracy of risk assessments.
- Update SCRIBE to ensure each page of the risk assessment include the inmate name, DOC number and date of initial assessment so as to accurately identify the information with the correct inmate.

115.241 (c). The facility provided a copy of its PREA Screening Tool used to screen and assess risk levels of victimization and abusiveness in the PAQ. The auditor finds the screening tool to be an objective instrument that allows for staff to appropriately assess risk levels. Risk levels for sexual victimization or sexual abusiveness are based on a scoring system determined from the answers provided by the inmate, thus, making it an objective instrument.

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

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

Interview with one staff member who conducts risk screening indicated GDC has a standard PREA Victim/Sexual Aggressive Classification Screening Questionnaire with 14 questions

and/or statements for residents, that require a yes or no response that is utilized during intake of new or transferred residents. The auditor observed a risk screening and verified the screener asks the appropriate questions. The facility's mission does not include detaining residents solely for civil immigration purposes.

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

The PREA Screening Tool additionally asks the following questions:

- Whether the inmate has a past history of institutional (prison or jail) sexually aggressive behavior
- Whether the inmate has a history of sexual abuse/sexual assault towards others (adult and/or child)

- Whether the inmate's current offense sexual abuse/sexual assault toward others (adult and/or child)
- Whether the inmate has a prior conviction(s) for violent offenses

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

115.241 (f). Per policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 21) in part states, "Offenders whose risk screening indicates a risk for Victimization or abusiveness shall be reassessed whenever warranted due to an incident, disclosure or allegation of sexual abuse or harassment and also for all offenders, within 30 days of arrival at the institution." The facility reported in the PAQ 703 residents entered the facility within the past 12-months with lengths of stay in excess of 30 days and 603 were reassessed.

The interview with staff responsible for conducting risk assessments indicated residents are reassessed within 30 day of the initial assessment. The interviews with 24 random residents revealed the majority stated they were reassessed. The auditor reviewed documentation of 22 PREA Screening Tools and determined the majority of reassessments were timely.

The auditor has determined that the practice of conducting reassessments for risks of sexual victimization or aggressiveness within 30 days of residents' arrival to the facility has been institutionalized, however the documentation of such assessments is lacking. As such, the auditor will make the following recommendations regarding 30-day risk reassessments:

- Devise a tracking mechanism to ensure timely completion and supervisory review to ensure completeness and accuracy of risk assessments.
- Update SCRIBE to ensure each page of the risk reassessment include the inmate name, DOC number and date of reassessment so as to accurately identify the information with the correct inmate.

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

The auditor interviewed one staff responsible for conducting risk assessments who indicated reassessments are conducted a reassessment; including, when it is necessary due to a referral, request, incident of sexual abuse, or receipt of additional information which may have an impact on an inmate's risk of sexual victimization or abusiveness. The interviews with 24 random residents revealed the majority stated they were reassessed. The auditor reviewed the PREA assessment tool which is also used for reassessments. There is no differentiation between the initial assessment and reassessment forms utilized in SCRIBE. There is no indication on the form to indicate the reason for the reassessment, be it, routine 30-day, due to a referral or request, an incident of sexual abuse or receipt of additional information which may affect an inmate's risk level. Counselor staff are to document the reasons in SCRIBE using Case Notes.

The auditor with recommend the facility revise SCRIBE to include a specific form identified as reassessment and include the reasons for the reassessment. Although documentation is lacking in part, interviews and policy support the reasons for reassessments.

115.241 (h). Per policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 20) in part states, "If an offender chooses not to respond to questions relating to his or her level of risk, he or she may not be disciplined." The auditor will recommend the facility amends its policy to include specific language related to this standard. Most notably that residents will not be disciplined for refusing to answer or for not disclosing completed information in response to the following questions:

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

The auditor interviewed one staff responsible for conducting risk assessments who indicated residents are not disciplined for the reasons identified above.

115.241 (i). Per policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 21) in part states, "If any information related to sexual victimization or abusiveness, including the information entered into the comment section of the Intake Screening Form, is limited to a need-to-know basis for staff, only for the purpose of treatment, security, management, and classification decisions.

The auditor interviewed the PREA Coordinator who stated each warden determines who has access to the inmate's risk assessment. Typically, the access will be granted to counselors, mental health professionals, and facility executive staff members. Although there is limited access to the details of the risk assessment, their overall score (victim, aggressor, both or neither) is available to all staff to ensure they have the necessary information to make

housing, program and bed assignments. The interviews with the PCM and staff who conducts risk screening indicated there is limited access for privacy concerns.

Corrective Action: (None)

Recommendations (4)

1. Devise a tracking mechanism to ensure timely completion and supervisory review to ensure completeness and accuracy of initial risk assessments and 30-day reassessments.
2. Update SCRIBE to ensure each page of the risk assessment include the inmate name, DOC number and date of initial assessment so as, to accurately identify the information with the correct inmate.
3. Update SCRIBE to include a specific form identified as reassessment and include the reasons for the reassessment.
4. Update SCRIBE to ensure each page of the risk reassessment include the inmate name, DOC number and date of reassessment so as, to accurately identify the information with the correct inmate.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18) c. Administrative Segregation, PN 209.06, (eff. 2/7/18) d. PREA Screening Tools (12) e. Inmate Files (22) f. Brochure, PREA Standards and Information Related to Transgender/Intersex Offenders, SOP 220.09, Attachment 2, (eff. 7/26/19) g. Statewide Classification Committee (SCC) Referral Form, SOP 220.09, Attachment 2, (eff. 7/26/19) <p>In order to decide compliance determination, the following people were interviewed, and the</p>

following interview findings were considered:

- a. Specialized Staff (3)
 - PREA Coordinator
 - PREA Compliance Manager
 - Staff who conduct Risk Screening
- b. Targeted Residents (3)
 - Transgender/Gay

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

- a. Observation of shower areas

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

115.242 (a). GDC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 20) requires screening for risk of sexual victimization and abusiveness by conducted for all residents within 24 hours of arrival at the facility. Policy (p. 21) also states in part, "Information from this assessment will be used to determine classification decisions with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. NOTE: The risk assessment should not hinder classification opportunities." Policy also indicates facilities are to designate a safe dorm(s) or safe beds for those offenders identified as highly vulnerable to sexual abuse.

The facility's Classification Committee is a multi-disciplinary committee that is responsible for making bed, program, education, and work assignments considering the known information about each inmate, including information learned from PREA Sexual Victim/Sexual Aggressor Classification information. The interview with screening staff indicated transgender and intersex residents are allowed to express their views on their own safety and staff take them into consideration for programming and placement assignments.

115.242 (b). Facilities are required by GDC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 13) to make individualized determinations about how to ensure the safety of each inmate. The policy (p. 21) also requires that residents at high risk for sexual victimization will not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made and there is no alternative means of separation from likely abusers. If an assessment cannot be made immediately the offender may be held in involuntary segregation for no more than 24 hours while completing the assessment. The placement and justifications for placement in involuntary segregation must be noted in SCRIBE. While in any involuntary segregation, the offender will have access to programs as described in GDC SOP 209.06, Administrative Segregation which also provides for reassessments as well and the offender will be kept in involuntary segregated

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

The interview with staff who perform risk assessments indicated the agency/facility uses information from screening to make informed decisions on housing, bed, work, education and program assignments with the goal of keeping those at high risk of being sexually victimized from those at high risk of being sexually abusive.

115.242 (c). GDC policy Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 21) is a verbatim representation of provision (c). Specifically, paragraph six of the policy states in part, "In deciding whether to assign a transgender or intersex 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." GDC completes a Statewide Classification Committee Referral Form for all transgender and intersex residents to determine housing recommendations. Input is given by GDC's PREA coordinator, medical director, mental health director, facilities director, and the assistant commissioner.

The facility has a Transgender/Intersex Brochure given to the residents that advises them the classification committee will review bed, unit, programming, education and detail assignments and that staff are committed to their dignity and safety.

The interview with the PREA Compliance Manager confirmed the facility takes into consideration on a case by case basis whether an inmate's placement at the facility would ensure his or her health and safety and whether management or security concerns would arise as a result of the placement. The auditor interviewed one transgender resident who revealed she does not live in a housing unit dedicated only to transgender and intersex residents. She is housed along all other residents.

115.242 (d). Facilities are required by GDC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 21) to reassess placement and programming assignments for each transgender or intersex offender no less than every six months to review any threats to sexual safety of the offender. Transgender and intersex residents are given a brochure that details placement and programming assignments will be reassessed at least twice each year to review any threats to safety they may have experienced. The interviews with the PREA Compliance Manager and staff who conduct risk assessments relayed transgender and intersex residents are reassessed every six months and as needed.

115.242 (e). Staff account for intake screening information pertaining to an inmate's own perception of vulnerability in making program decisions. Transgender and intersex residents are given a brochure that details their own views with respect to their own safety will be given serious consideration and staff will listen to them and take their concerns seriously. There were no transgender or intersex residents at the facility for the auditor to interview. The interviews with the PREA Compliance Manager and risk screening staff both revealed transgender or intersex residents' views of his or her safety are given serious consideration in placement and programming assignments.

115.242 (f). CTC allows for transgender and intersex residents the opportunity to shower separately from other residents. Observation of the facility restroom areas revealed individual showers have curtains allowing for complete privacy for all residents. Some of the shower curtains were torn down and need to be repaired or replaced. The interviews with the PREA Compliance Manager and risk screening staff both revealed transgender and intersex residents are afforded the opportunity to shower separately from other residents.

115.242 (g). GDC is not under a consent decree, legal settlement, or legal judgment requiring it establish a dedicated wing to house lesbian, bi-sexual, gay, transgender or intersex (LGBTI) residents for their protection.

The interview with the PREA Coordinator revealed GDC is prohibited from establishing dedicated facilities or housing units for LGBTI offenders and the GDC PREA unit, through site visits, ensures its facilities are not housing LGBTI offenders in dedicated housing units or beds.

The interview with the PREA Compliance Manager also indicated CTC is not under consent decree, legal settlement, or legal judgment requiring it establish a dedicated wing to house LGBTI residents for their protection. The auditor interviewed three LGBTI residents and all revealed they are in general population with other residents.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.242 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18) c. Training Records of Investigative Staff d. Investigative Report of Alleged Sexual Assault (dated 8/5/18) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none"> a. Specialized Staff (1) - PREA Compliance Manager

- b. Random Sample of Staff (5)**
- c. Random Sample of Inmates (10)**

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

- a. Observations of Reporting Mechanisms – (Posters, Inmate Handbook, Brochures)

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

115.51 (a). GDC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 22) allows for inmates to make a report of sexual abuse and sexual harassment, and retaliation through the following means: in writing, verbally, or through available internal or external methods. External methods include Third Party reporting to the Ombudsman's Office, email to the agency PREA Coordinator and written correspondence to the Georgia State Board of Pardons and Paroles Office. Policy addresses the use of the PREA Hotline as a mechanism for reporting sexual abuse or harassment. The auditor tested the PREA Hotline from various phones and found it easy to connect. The PREA Hotline number does not require the use of an inmate's PIN number.

The interviews with random staff revealed 100 percent knew of the multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and any staff neglect or violation of responsibilities that may have contributed to such incidents. In addition to the above, they indicated inmates could report via a third-party, written or verbal. The interviews with a random sample of inmates revealed 100% knew of various ways to report sexual abuse or sexual harassment (verbal or written reports to staff, PREA Hotline calls, friends or family). The auditor observed posted PREA reporting materials prominently posted throughout the facility.

115.51 (b). In response to the PAQ, the facility provided documentation, GDC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 22) which discusses multiple avenues for inmate reporting. Included is the 24/7 availability of the toll-free and anonymous if desired, PREA Hotline to report allegations of sexual abuse and sexual harassment to an entity outside of the GDC. Inmates may also make written reports to the Georgia Office of Pardons and Paroles. CTC Facility does not detain inmates solely for civil immigration purposes.

The interview with the PREA Compliance Manager revealed inmates have multiple ways of reporting sexual abuse or sexual harassment to a public or private entity as noted in the inmate handbook. Inmates have tollfree and anonymous telephonic access to Day League Rape Crisis Center. Inmates may report to the Governor's Ombudsman's Office who is not part of the GDC. Those reports would be forwarded to the Office of Professional Standards who would in turn report to the superintendent. This method does allow the reporter to remain anonymous. The interviews with a random sampling of inmates revealed all knew of the different reporting avenues and they could report without giving their name. During the site review, the auditor observed inmates on the facility phones in unit dayrooms with nearby area Zero-Tolerance posters containing contact information for reporting.

115.51 (c). Per GDC policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 23) staff members are to verbal and written reports and those from a third parties and promptly document any verbal reports. Staff are to forward all reports or suspicions of sexual abuse or sexual harassment to their immediate supervisor or the designated SART member promptly.

The interviews with random staff revealed they accept third party, written and verbal reports of allegations of sexual abuse and sexual harassment and act upon the reports immediately. Staff also indicated verbal reports are documented in writing immediately. The interviews with random inmates revealed all 10 were aware they could make a report of sexual abuse or sexual harassment via a third party, verbally or in writing. In response to the PAQ, the facility reported staff document verbal reports "immediately."

115.51 (d). The interviews with random staff revealed multiple methods for privately reporting sexual abuse and sexual harassment of inmates. Staff indicated they could report to their supervisors or any upper level staff in a private office or area free of other staff or inmates, and written or verbal reports to the Ombudsman's Office. Staff indicated they can report verbally, via email, telephone or, using the grievance box system.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.51 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18) c. Statewide Grievance Procedure, PN 227.02, (eff. 5/10/19) d. CTC Resident Handbook <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none"> a. Specialized Staff: (1) <ul style="list-style-type: none"> - PREA Coordinator b. Targeted Residents <ul style="list-style-type: none"> - Residents who Reported a Sexual Abuse (1) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.252 (a-g). GDC Policy Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 23) states allegations of sexual abuse and sexual harassment are non-grievance issues and they should be reported in accordance with methods outlined in the policy (208.06). GDC's Statewide Grievance Procedure (p. 5) stipulates sexual abuse and sexual harassment shall be forwarded to the Institutional Sexual Assault Response Team (SART) and processed according to SOP 208.06. Information received by the PREA Coordinator verified this policy and procedures by indicating if facilities receive an allegation of sexual abuse or harassment on a grievance form it is to be treated as a written allegation only and forwarded to SART for investigation.</p> <p>GDC and CTC are exempt from Standard 115.252 and thus provisions (a-g) are not applicable in determining compliance as GDC does not have administrative procedures to address residents' grievances of sexual abuse and sexual harassment.</p>

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

- a. Pre-Audit Questionnaire (PAQ)
- b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)
- c. Resident Handbook
- d. Memorandum of Understanding, Southern Crescent Sexual Assault and Child Advocacy Center, (eff. 1/2/2020)
- e. Investigative File, (dated 8/5/18)

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

- a. Random Residents (24)
- b. Targeted Residents (1)
 - Residents who Reported a Sexual Abuse (1)

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

- a. Posted Documents: Brochures, Posters etc.

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

115.253 (a). Policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 15) discusses the requirements for allowing resident access to emotional support services, including those within the community. The facility utilizes various means to communicate the availability of emotional support services with the residents. The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing all residents with an informational guide (as part of the resident handbook) and brochures describing available emotional support organizations for victims of sexual abuse. The resident handbook contains information titled, "Break the Silence of Abuse" which includes a toll-free telephone number to the Southern Crescent Sexual Assault and Child Advocacy Center, in the event emotional support services are needed.

Additionally, a dual-language resident education and awareness brochure, is given to residents upon arrival to the facility.

During the facility tour, the auditor observed prominently displayed posters containing the number and instructions to call the Rape Crisis Center if need be. Informal interviews with residents revealed they were aware of the posters and they knew how to contact the Rape Crisis Center. While onsite it was brought to the auditor's attention of one resident who reported a sexual abuse to interview. The resident reported staff did not believe his allegation and he did not know of victim advocacy agencies. A review of the investigative file proved otherwise as staff initiated a complete investigation and immediately

transferred the resident to another facility for safety. According to interviews with a random sampling of residents the majority indicated they did not know information on victim advocacy and emotional support services available outside the facility for dealing with sexual abuse. Some of the residents said they could contact them only during certain times when the phones were available.

Interviews with staff, documentation reviewed and observations lend the auditor to believe access to victim advocacy groups has been institutionalized. However, do the amount of residents stating they did not know of outside victim advocacy groups, and although the information is given to all residents during intake and orientation, the auditor will recommend re-education regarding the 24/7 usage of the PREA hotline number for emotional support services access; and, the specific types of services provided.

Communication between residents and outside emotional support agencies can be made privately and confidentially. Day-room telephones are monitored but residents do not have to give their name or provide any PIN number. Telephones were in use during the site review indicating the phones were operational.

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

The interviews with a random sample of residents revealed basic understanding that calls to agencies offering emotional support would be private and could be reported if someone were to get hurt or was hurt.

115.253 (c). Policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 15) requires the facility's PREA Compliance Manager to attempt to enter into an agreement or Memorandum of Understanding (MOU) with a rape crisis center to provide victim advocacy services to residents alleging sexual abuse or sexual harassment. In response to the PAQ, the facility provided documentation of a current MOU signed on 1/2/2020 by both the CTC and Southern Crescent Sexual Assault and Child Advocacy Center representatives. Southern Crescent Sexual Assault and Child Advocacy Center agrees to work with the CTC to ensure that incarcerated victims have access to emotional support services related to sexual abuse and sexual harassment; ensure rape crisis center personnel attend the required CTC certified volunteer training; respond to requests from CTC to provide hospital accompaniment for incarcerated victims during the forensic medical examination process and in-hospital investigatory interviews; maintain confidentiality as required by state and federal laws for rape crisis center personnel pursuant to Georgia Code Title 24 Evidence 24-5-509, provide emotional support services in response to CTC staff referrals and requests from incarcerated victims including a hotline, correspondence, follow-up crisis counseling upon request of the resident victim; inform the CTC Mental Health Director or designee of any emergency mental

health needs of the resident victim, with proper consent and without disclosing anything beyond immediate concern; provide training on trauma informed responses to sexual abuse and sexual harassment for CTC Staff, as needed and communicate any questions or concerns to the PREA Compliance Manger or his/her designee at monthly meetings or by phone or email between meetings, as needed.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.253 based upon documentation provided and interviews conducted.

Corrective Action: (None)

Recommendations: (2)

1. Provide additional education regarding 24/7 usage of the PREA hotline number for emotional support services access; and, the specific types of outside emotional support services provided.
2. Incorporate specific language regarding mandatory reporting laws in the "Break the Silence of Abuse" section of the resident handbook.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18) c. GDC official website: http://www.gdc.ga.gov/ <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.54 (a). GDC’s policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 23) references Third Party Reporting. Third party reporting may be made to Ombudsman’s Office, by email to the agency PREA Coordinator, and via written correspondence to the State Board of Pardons and Paroles, Office of Victim Services and the GDC Office of Professional Standards, PREA Unit. Information on how to report sexual abuse and sexual harassment on behalf of an inmate can be found at http://www.gdc.ga.gov/.</p> <p>The auditor reviewed the website and found third party reporting information is made publicly available on the agency website. Reports may be made via the “Report Sexual Abuse and Sexual Harassment link. The website advises the viewer that GDC investigates all allegations of sexual abuse and sexual harassment promptly, thoroughly, and objectively. In response to the PAQ, the facility indicated it accepts all reports regardless of how they are received, i.e., written, verbal or third party. All third-party reports are processed as any other allegation. The auditor submitted a test message on the website on 3/4/2020 and the PREA Coordinator responded the following morning.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.54 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: (None)</p>

115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- a. Pre-Audit Questionnaire (PAQ)
- b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)
- c. Investigative Report of Sexual Abuse Allegation Form (3/22/18)
- d. GDC Employee Standards of Conduct
- e. Staff PREA Education Acknowledgment Statement
- f. GDC Commissioner's Statement Prohibiting Unlawful Harassment (Including Sexual Harassment)

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

- a. Specialized Staff (3)
 - Superintendent
 - PREA Coordinator
 - Medical Staff
- b. Random Sample of Staff (12)

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

115.261 (a). In response to the PAQ, staff reported the agency requires all staff to immediately report any knowledge, suspicion, or information they received regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 100% of the random staff interviews revealed all staff new of their requirements for reporting instances or allegations of sexual abuse, retaliation, or staff neglect. All staff were adamant they would not hesitate to report to their supervisor. The auditor's review of two investigations, one administrative and one possibly criminal in nature and found both were reported timely. Policy, Prison Rape Elimination Act Sexually Abusive Behavior Prevention and Intervention Program 14 (p. 20) directs staff who witness or receive a report of sexual assault, sexual harassment, or who learn of rumors or allegations of such conduct, to report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the supervisor on duty and write a statement, in accordance with the Employee Standards of Conduct.

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

or will be subject to disciplinary action, up to and including termination, whichever is applicable.

The interviews with random staff revealed they would disclose any information they knew of or heard of to their immediate supervisors and would not discuss with coworkers.

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

The interviews with medical personnel revealed she was aware of their duty to report, confidentiality limitations at the beginning of services.

115.261 (d). In response to the PAQ, the facility reported its use if for adult residents between the ages of 20 -72 years old, as such the CTC does not house youthful offenders; however, the agency requires if the victim was under the age of 18, the Field Operations Manager, in conjunction with the Director of Investigations, or designee, is required to report the allegation to the Department of Family and Children Services, Child Protective Services Section. Additionally, if the victim is considered a vulnerable adult under Georgia Law, the Director of Investigations or designee, will make notification to the appropriate outside law enforcement agency.

Interviews with the PREA Coordinator and superintendent indicated all GDC staff are mandated reporters. If a youthful offender or a vulnerable adult reports an allegation of sexual abuse or sexual harassment, we are mandated to report his allegation to the Georgia Department of Family and Children Services, so they can have the opportunity to conduct an independent investigation. GDC investigators will continue the administrative and, if applicable, a criminal investigation regarding the allegation.

115.261 (e). Per interview with the superintendent, all allegations of sexual abuse and sexual harassment, including third party and anonymous reports are reported to the facility's investigators.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.261 based upon documentation provided and interviews conducted.

Corrective Action: (None)

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- a. Pre-Audit Questionnaire (PAQ)
- b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)
- c. Coordinated Response Plan (att. 7)

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

- a. Specialized Staff (2)
 - Agency Head
 - Superintendent
- b. Random Sampling of Staff (12)

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

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

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

The interviews with a random sampling of staff revealed all staff knew to act and respond immediately to the situation taking protective measures separate the residents and move the victim to a safe place in view of staff. The interviews with the agency head and superintendent indicated GDC has a zero-tolerance for retaliation on any person reporting or cooperating with a sexual abuse or sexual harassment investigation. All allegations, except for those deemed unfounded, are monitored for retaliation. Individuals that retaliate on staff or residents for cooperation will be disciplined per GDC discipline policies. Upon learning of substantial risk of imminent sexual abuse, protective actions taken to protect the resident include immediately shielding the resident (s) from any further or pending abuse by separating the resident from the aggressor and relocating to a safe place in the facility, near staff or in another building; identify locations within the area for temporary placement of the victim; transfer the aggressor to a secure facility pending investigation.

Current operations and practices meet the requirements of PREA Standard 115.262.

Corrective Action: (None)

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none"> a. Specialized Staff (2) <ul style="list-style-type: none"> - Agency Head - Superintendent <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.263 (a). GDC Policy, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) requires in cases where there is an allegation that sexually abusive behavior occurred at another GDC facility, the warden/designee of the victim's current facility is required to provide notification to the warden of the identified institution and GDC's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the warden of the resident's current facility refers the matter directly to the Office of Professional Standards Special Agent In-Charge. For the non-Department secure facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred. For non-Department facilities, the warden/designee(s) contacts the appropriate office of that correctional Department.</p> <p>115.263 (b). GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) and Local Policy Procedure requires the notification be provided as soon as possible but not later than 72 hours after receiving the allegation. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.</p> <p>115.263 (c). GDC Policy, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) and Local Policy Procedure requires notifications to be documented. In response to the PAQ, the facility documented there were zero allegations during the past 12 months in which an inmate at this facility alleged sexual abuse at another facility.</p> <p>115.263 (d). GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) requires the facility head or GDC office that</p>

receives such notification to ensure that the allegation is investigated in accordance with the PREA Standards.

The interviews with the agency head and superintendent indicated if CTC receives notification from another agency that an allegation of sexual abuse or sexual harassment occurred at another GDC facility, the receiving facility would take steps needed to investigate the allegation. All allegations received are forwarded for an administrative investigation and those containing criminal allegations are forwarded immediately for criminal investigation.

Each facility has a PREA Compliance Manager that serves as the point-of-contact for such allegations. GDC's Statewide PREA Coordinator also serves as a point of contact. External reports of sexual abuse or sexual harassment are reported to the facility PREA Compliance Manager or the Statewide PREA Coordinator.

Based on the interviews, the auditor is confident the facility leadership would take appropriate action if a notification is received. In response to the PAQ, the facility reported zero allegations of sexual abuse the facility received from other facilities.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.263 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none">a. Pre-Audit Questionnaire (PAQ)b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none">a. Specialized Staff (2)<ul style="list-style-type: none">- Agency Head- Superintendent <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.263 (a). GDC Policy, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention</p>

and Intervention Program (p. 24) requires in cases where there is an allegation that sexually abusive behavior occurred at another GDC facility, the warden/designee of the victim's current facility is required to provide notification to the warden of the identified institution and GDC's PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the warden of the resident's current facility refers the matter directly to the Office of Professional Standards Special Agent In-Charge. For the non-Department secure facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred. For non-Department facilities, the warden/designee(s) contacts the appropriate office of that correctional Department.

115.263 (b). GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) and Local Policy Procedure requires the notification be provided as soon as possible but not later than 72 hours after receiving the allegation. The facility head or Department office receiving the notification is required to ensure that the allegation is investigated in accordance with the PREA Standards.

115.263 (c). GDC Policy, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) and Local Policy Procedure requires notifications to be documented. In response to the PAQ, the facility documented there were zero allegations during the past 12 months in which an inmate at this facility alleged sexual abuse at another facility.

115.263 (d). GDC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 24) requires the facility head or GDC office that receives such notification to ensure that the allegation is investigated in accordance with the PREA Standards.

The interviews with the agency head and superintendent indicated if CTC receives notification from another agency that an allegation of sexual abuse or sexual harassment occurred at another GDC facility, the receiving facility would take steps needed to investigate the allegation. All allegations received are forwarded for an administrative investigation and those containing criminal allegations are forwarded immediately for criminal investigation. Each facility has a PREA Compliance Manager that serves as the point-of-contact for such allegations. GDC's Statewide PREA Coordinator also serves as a point of contact. External reports of sexual abuse or sexual harassment are reported to the facility PREA Compliance Manager or the Statewide PREA Coordinator.

Based on the interviews, the auditor is confident the facility leadership would take appropriate action if a notification is received. In response to the PAQ, the facility reported zero allegations of sexual abuse the facility received from other facilities.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.263 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (Eff. 3/2/18) c. Coordinated Response Procedures d. Sexual Abuse Response Checklist, attachment 6 <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none"> a. Specialized Staff: (1) <ul style="list-style-type: none"> - Superintendent <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.265 (a). GDC’s Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 24) requires each facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. Coordination will be among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The Local Operating Procedure Directive and the CTC Facility Sexual Assault Response Plan serve as the facility’s Coordinated Response Plan. It identifies actions to be taken by various components of the facility in response to an allegation of sexual abuse. If there was a sexual assault allegation, the facility, complying with GDC Policy will initiate the Sexual Abuse Response Checklist that also identifies actions taken by staff in response to a report of sexual abuse or of sexual misconduct and sexual harassment. The facility also uses the GDC Sexual Abuse Response Checklist to coordinate the actions and responses of first responders. This document becomes a part of the investigation packet. The Coordinated Response Plan reviewed is current and includes the names and telephone numbers of the coordinating parties.</p> <p>The interview with the superintendent indicated the Coordinated Response Plan serves as a guide for each first responder, medical and mental health staff as well as all participants in the event of a sexual assault.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.265 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <p>Documents:</p> <p>a. Pre-Audit Questionnaire (PAQ)</p> <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none"> - Agency Head <p>Specialized Staff: (1)</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.266 (a). In response to the PAQ, the facility reported the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit.</p> <p>The interview with the agency head verified GDC has not engaged with collective bargaining with employees.</p> <p>115.266 (b) The auditor is not required to audit PREA Provision 115.266 (b).</p> <p>Current operations and practices meet the requirements of PREA Standard 115.266.</p> <p>Corrective Action: None</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <p>a. Pre-Audit Questionnaire (PAQ)</p> <p>b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and</p>

- Intervention Program, PN 208.06, (eff. 3/2/18)
- c. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, *CTC Local Policy Directive and Coordinated Response Plan* (Att. 7)
 - d. GDC Retaliation Monitoring Form

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

- a. Specialized Staff (2)
 - Agency Head
 - Superintendent
 - Staff Member Charged with Retaliation Monitoring
- b. Targeted Residents
 - Residents Who Reported a Sexual Abuse (0)

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

115.267 (a). GDC Policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (PP. 24-25) addresses GDC's commitment to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. Policy in part stated, "The Department will protect offenders and staff members who report sexual abuse, or Sexual Harassment from retaliation...anyone who retaliates against a staff member or an offender who has reported an allegation of sexual abuse or Sexual Harassment or who has participated in a subsequent investigation shall be subject to disciplinary action." Policy further requires institution wardens or superintendents to designate a staff member to serve as the facility Retaliation Monitor. Retaliation Monitors are to be identified in the Local Procedure Directive and Coordinated Response Plan. The Retaliation Monitor is identified by name, title and department, with current contact information in the Local Procedure Directive.

115.267 (b). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, *Local Policy Directive and Coordinated Response Plan* addresses offender protection measures. GDC's multiple protection measures include housing changes or transfers, removal of alleged staff members or resident abusers from contact with victims, and emotional support services for offenders and/or staff members who fear retaliation for reporting or for cooperating with investigations.

The interview with the agency head designee reiterated the agency has a zero-tolerance for retaliation on any person reporting or cooperating with a sexual abuse or sexual harassment investigation and that all allegations, except for those deemed unfounded, are monitored for retaliation. GDC's zero-tolerance for retaliation is a deterrent for anyone to retaliate. Individuals that retaliate on staff or residents for cooperation will be disciplined. The stance of zero-tolerance for retaliation is a deterrent for anyone to retaliate. If retaliation occurs, the person retaliating will be disciplined. CTC superintendent added identifying the retaliating perpetrator is important to effectively initiate protection protocols. The retaliation monitor described her role in preventing retaliation and monitoring retaliation and said she looks

housing assignments, detail reassignments and any changes in programming activities. Retaliation monitoring is documented on the GDC Retaliation Monitoring Form. For staff she would review post assignments, changes in shifts, performance reports and any disciplinary reports. CTC does not have a formal segregation unit and there were no residents who alleged sexual abuse to interview.

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

- Offender Disciplinary Report(s) History
- Offender Housing Unit Placement Reviewed
- Offender Transfer(s) Placement Review
- Offender Program(s) History Review
- Offender Work Performance Review
- Offender Schedule History Review
- Offender Case Note(s) Review

Interviews conducted with the retaliation monitor revealed monitoring takes place for an initial 90 days but is extended depending on if the situation warrants additional monitoring. The superintendent indicated they try to identify the alleged retaliator and hold them accountable, be it a resident or staff.

In response to the PAQ, the facility reported zero instances of retaliation monitoring in the last 12 months. The resident who alleged sexual abuse was immediately transferred to another institution and there was no retaliation monitoring documentation in the investigative file.

115.267 (d). Periodic status checks of residents will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDC Form 90 Day Offender Sexual Abuse Review Checklist. The checklist is completed for each resident being monitored. The interview with the retaliation monitor revealed she conducts random check ins with residents during the 90 days of monitoring and any subsequent monitoring.

115.267 (e). The interviews with the agency head designee and facility superintendent revealed if any individual, resident or staff, fears retaliation for cooperating with investigations, protective measures will be instituted. All allegations are monitored for retaliation and GDC's zero-tolerance for retaliation is a deterrent for anyone to retaliate. If retaliation occurs, the person retaliating will be disciplined.

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

Current operations and practices meet the requirements of PREA Standard 1155.267.

Corrective Action: (None

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18) c. Sexual Abuse Incident Review Form d. Investigative Staff Training Records e. Administrative Investigation Reports <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none"> a. Specialized Staff (3) <ul style="list-style-type: none"> - Superintendent - Facility Investigative Staff - PREA Coordinator b. Targeted Residents <ul style="list-style-type: none"> - Residents Who Reported a Sexual Abuse (None) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.271 (a). The facility provided a copy of the GDC Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy which addresses the investigative process. An administrative and/or criminal investigation will be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potentially criminal behavior will be referred for investigation to the Office of Professional Standards</p>

(OPS). Policy requires investigations are conducted promptly, thoroughly and objectively. It also requires allegations or reports, including any knowledge, information or suspicions are taken seriously and are investigated. These include reports made verbally, in writing, from third parties and from anonymous sources. The interview with investigative staff confirmed anonymous or third-party reports of sexual abuse and sexual harassment are taken seriously and handled the same way as a self-report and that investigations are initiated within a day of receiving a report. The auditor reviewed two investigative reports stemming from a resident self-report of alleged sexual abuse by a staff member and an anonymous PREA Hotline message alleging sexual harassment by a staff member. Both investigations were initiated by the next day.

115.271 (b). GDC's Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 17) requires specialized training for members of the Sexual Abuse Response Team and any other staff members who are likely to be involved in the management and treatment of sexually abuse victims and perpetrators. All of the Sexual Assault Response Team Members have completed the National Institute of Corrections Specialized Training, "PREA: Investigating Sexual Abuse in a Confinement Setting".

During the interview with the facility investigator revealed she has completed the NIC Investigating Sexual Abuse in a Confinement Setting training. Training documentation is also discussed in Standard 115.34 (c).

115.271 (c). GDC's PREA policy (p. 26) requires investigative agents and investigators to gather and preserve direct and circumstantial evidence including any available electronic monitoring data; to interview alleged victims, suspected perpetrators, and witnesses; and to review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The interview with investigative staff revealed initial steps in an investigation includes obtaining witness statements through interviews and compiling all statements, evidence reviewed (any camera video recording feeds, threats or complaints involving the parties etc.) and generating a report based on all the information. If the allegation deems to be possibly criminal in nature, it is forwarded to GDC's OPS. During this audit cycle one allegation of resident – resident and one allegation of resident – resident sexual harassment were reported. The sexual abuse case was forwarded to OPS with an unsubstantiated determination.

115.271 (d). Special Agents in the OPS who are responsible for conducting investigations that appear to be criminal in nature, consult with the district attorney to consider referral for prosecution when the evidence appears to support criminal prosecution and compelled interviews are conducted only after consulting with the prosecutors to ensure the interviews may not be an obstacle for subsequent criminal prosecution. PREA policy (p. 26) states in part, "If the allegation is criminal in nature, an interview shall not be conducted, nor will a statement be collected from the accused perpetrator without first consulting the Regional SAC. Interview with the facility investigator confirmed they do not conduct compelled interviews at the facility level. All compelled interviews are conducted by agency staff in the OPS.

115.271 (e). GDC's PREA policy (p. 26) in part states, "The credibility of the victim, suspect, or witness shall be assessed on an individual basis and will not be determined by the person's status as offender or staff member. An offender who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

When interviewed about the credibility of an alleged victim, suspect, or witness, the facility investigator indicated it did not matter if it was a staff member or resident, and just because the individual is an resident does not mean he or she is being untruthful and that under no circumstances would a polygraph be utilized prior to proceeding with any investigation. There was one resident who reported a sexual abuse occurring at this facility during this audit cycle, however the resident was no longer at the facility.

115.271 (f). GDC's PREA policy (p. 27) in part states, Administrative and criminal investigations shall include an effort to determine whether staff member actions or failures to act contributed to the abuse. This shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility assessments, and investigative facts and findings."

The interview with the facility investigator of administrative allegations revealed staff actions or failures to act are taken into consideration as to whether it contributed to the abuse. Written reports include a description of any evidence (electronic video monitoring physical or verbal statements). The auditor will recommend the facility include specific language in their PREA policy to reference staff actions or failures to act being a possible contributing factor to the abuse. The facility utilizes the PREA Investigative Summary form to describe physical and testimonial evidence and how they arrived at their disposition regarding an alleged instance of sexual abuse or harassment. The auditor reviewed one administrative investigation file and found it contained required information regarding this provision.

115.271 (g). PREA policy (p. 27) stipulates in part, "criminal investigations...shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind the credibility..." The facility provided the initial facility investigation to the auditor. The sexual abuse investigation was turned over to OPS for criminal investigation. The investigation has not been closed. The interview with the facility investigator revealed the facility does not conduct criminal investigations. However, staff provide documentation to the investigative division on what occurred and documentation of any potential evidence, to include, physical, verbal, or electronic evidence. Copies of all evidence are turned over to OPS. Based on review of the initial investigative documents, policy and interviews, the auditor believes the agency conduct criminal investigations as required by standard 115.271.

115.271 (h). The facility reported in their response to the PAQ that there was one substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since the last PREA audit. The interview with the facility investigator verified one substantiated allegations and indicated all allegations of sexual abuse are referred to OPS for prosecution when deemed criminal in nature.

115.271 (i). The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, per PREA policy (p. 27).

115.271 (j). DC's PREA policy dictates an administrative or criminal investigation is to be completed for all allegations of sexual abuse and sexual harassment. Policy further stipulates in part, "The departure of the alleged abuser or victim from the employment or control of the Department shall not provide a basis for terminating the investigation.

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

115.271 (l). GDC conducts investigations of all allegations of sexual abuse that have occurred in their facilities. As such, this provision is not applicable in determining compliance for PREA Standard 115.271.

Current operations and practices meet the requirements of PREA Standard 115.271.

Corrective Action: (None)

Recommendations: (1)

1. Update policy to include specific language to reference staff actions or failures to act being a possible contributing factor to the abuse.

115.272	Evidentiary standard for administrative investigations
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1449 398">In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none"> <li data-bbox="252 454 694 488">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="252 499 1316 573">b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18) <li data-bbox="252 584 743 618">c. Administrative Investigative Report <p data-bbox="252 667 1449 741">In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none"> <li data-bbox="252 797 571 871">a. Specialized Staff: (1) - Facility Investigator <p data-bbox="252 927 1449 1001">The following describes how the evidence above was used to draw the conclusion regarding compliance:</p> <p data-bbox="252 1057 1469 1171">115.272 (a). GDC's PREA policy (p. 28), stipulates in part, "There shall be no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="252 1227 1449 1431">The interview with the facility investigator revealed investigator utilize the "preponderance of the evidence" as the standard in determining whether allegations of sexual abuse and/or sexual harassment are substantiated, unsubstantiated, or unfounded. The auditor reviewed one administrative investigative report and a preponderance of evidence was utilized in determining the unsubstantiated disposition.</p> <p data-bbox="252 1487 1348 1561">The auditor finds the facility in compliance with PREA Provision 115.272 based upon interviews documentation provided.</p> <p data-bbox="252 1617 561 1650">Corrective Action: None</p>

115.273	Reporting to residents
	<p data-bbox="252 1845 896 1879">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 1924 523 1957">Auditor Discussion</p> <p data-bbox="252 2002 1449 2076">In order to decide compliance determination, the following policies and other documentation were reviewed:</p>

- a. Pre-Audit Questionnaire (PAQ)
- b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)
- c. Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, SOP IK01-0006 (eff. 12/5/05)
- d. PREA Disposition Offender Notification Form

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

- a. Specialized Staff (2)
 - Superintendent
 - Investigator
- b. Targeted
 - Residents who Reported a Sexual Abuse (None)

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

115.273 (a). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 28), requires residents who are in GDC custody are informed whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. The interview with the facility investigator and superintendent substantiated this to be the standard practice.

115.273 (b). GDC Policy (p. 28) stipulates if investigations are forwarded to OPS for investigation, the facility will notify the offender of the outcome upon completion.

In response to the PAQ, the facility reported one criminal and/or administrative investigations of alleged resident sexual abuse were completed past 12 months and one case where the resident was notified of the disposition. The auditor reviewed the investigative file and did not locate any documentation reflecting the resident was notified of the disposition. The facility forwarded a notification form informing the resident the investigation was unsubstantiated and forwarded to OPS, dated 8/17/2018. The investigator informed the auditor the case not been closed.

115.273 (c). GDC Policy (p. 28), requires residents who are in GDC custody are informed whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. All notifications or attempted notifications are to be documented and completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. GDC utilizes the PREA Disposition Offender Notification Form to inform residents of the outcomes of investigations.

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

- The staff is no longer posted in the institution
- The staff is no longer employed at the institution

- The staff has been indicted on a charge related to sexual abuse with the institution or the staff has been convicted on a charge related to sexual abuse within the institution

In response to the PAQ, the facility reported zero substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident in the past 12 months.

115.273 (d). Policy requires if the allegation involved another resident, staff are required to inform the alleged victim when the alleged abuser has been:

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

In response to the PAQ, the facility reported there were zero residents who reported a sexual abuse at the facility that required notification under the above circumstances. There were no residents who reported a sexual abuse by another resident at the facility for interview.

115.273 (e). GDC policy requires all notifications or attempted notifications are to be documented and completed by a member of the local SART unless the appointing authority delegates to another designee under certain circumstances. GDC utilizes the PREA Disposition Offender Notification Form to inform residents of the outcomes of investigations.

In response to the PAQ, the facility reported zero notifications to residents were provided pursuant to this standard.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.273 based upon documentation provided and interviews conducted.

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18) c. GDC Commissioner’s Statement Prohibiting Unlawful Harassment (Including Sexual Harassment) d. GDC Sexual Assault/Sexual Misconduct Acknowledgement Statement e. GDC Employee Standards of Conduct Acknowledgement Statement f. GDC PREA Education Acknowledgement Statement

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

115.276 (a). The auditor reviewed Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy which addresses discipline for staff. Policy (p. 28) requires that staff who engage in sexual abuse with an offender are banned from GDC correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate.

The auditor finds the facility in compliance with PREA Provision 115.276 (a) based upon documentation provided.

115.276 (b). The presumptive disciplinary sanction for staff who engage in sexual abuse as noted on page 28 of GDC's Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy is termination.

In response to the PAQ, the facility reported zero staff from the facility violated sexual abuse or sexual harassment policies. And, zero staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

There were no records of terminations, resignations, or other sanctions for violating the sexual abuse or sexual harassment policies to review.

The auditor finds the facility in compliance with PREA Provision 115.276 (b) based upon documentation provided.

115.276 (c). Violations of GDC policy related to sexual abuse or sexual harassment (other than engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories (p. 28).

In response to the PAQ, the facility reported zero staff from the facility were disciplined, short of termination for violations of CTC's sexual abuse or sexual harassment policies.

115.276 (d). Referencing GDC's PREA policy (pp. 28-29) staff found to have engaged in sexual misconduct/abuse will be banned from correctional institutions or subject to disciplinary sanctions up to and including termination and staff may be referred for criminal prosecution. All staff terminations for violations of GDC sexual abuse or sexual harassment policies, or resignations by staff members that would have been terminated if not for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal in nature. Appropriate licensing agencies and/or the Georgia Peace Officer Standards and Training Council will be notified. Staff are aware of the disciplinary sanctions by acknowledging and signing the following forms: GDC Commissioner's Statement Prohibiting Unlawful Harassment (Including Sexual Harassment), GDC Sexual Assault/Sexual Misconduct Acknowledgement Statement, GDC Employee Standards of Conduct Acknowledgement Statement, and GDC PREA Education Acknowledgement Statement that detail potential sanctions, including arrest and referral for prosecution and the punishment if found guilty.

In response to the PAQ, the facility reported zero staff from the facility have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.276 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

- a. Pre-Audit Questionnaire (PAQ)
- b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)
- c. Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers

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

Specialized Staff: (1)
- Superintendent

The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision): 115.277 (a). GDC's Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 29) requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and will be reported to law enforcement agencies, unless the activity was clearly not criminal and to relevant licensing bodies. As part of their PREA training, contractors and volunteers sign a GDC PREA Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers that contains a warning that any violation of the policy will result in disciplinary action, including termination, or that they will be banned from entering any correctional institution.

In response to the PAQ, the facility indicated no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. As such, there was no documentation of referrals to law enforcement and/or relevant licensing bodies to review.

115.277 (b). GDC's Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 29) requires the facility to take appropriate remedial measures, and consider whether to prohibit further contact with offenders, in the case of any other violation of GDC sexual abuse or sexual harassment policies by a contractor or volunteer. The interview with the superintendent revealed any contractor or volunteer who violates GDC sexual abuse and sexual harassment policies are prohibited from working with residents and removed from the facility.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.277 based upon documentation provided and interviews conducted.

Corrective Action: None

115.278	Disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18) c. Offender Discipline, SOP 209.01 d. SOP 209.01, Offender Discipline, <i>Authorized Discipline Sanctions List, Attachment 5</i> e. SOP 209.01, Offender Discipline, MH/MR Evaluation for Disciplinary Action, <i>Attachment 9</i> <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ol style="list-style-type: none"> a. Specialized Staff: (1) <ul style="list-style-type: none"> - Superintendent - Medical Staff <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.278 (a). GDC Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 29) requires offenders 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, Offender Discipline and Attachment 5 of said policy, <i>Authorized Discipline Sanctions List</i>. Further, GDC prohibits all consensual sexual activity between offenders, and offenders may be subject to disciplinary action for such activity.</p> <p>In response to the PAQ, the facility reported there were zero administrative findings of resident-on-resident sexual abuse have occurred at the facility during the past 12 months. The facility further reported there were zero criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility. There were no disciplinary reports for the auditor to review.</p> <p>115.278 (b). CTC’s PREA Implementation Manual (p. 30) stipulates in part, “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.”</p> <p>The interview with the superintendent revealed sanctions are commensurate with the nature and circumstances of the abuse committed. Facility transfers, additional time added to a resident’s sentence and loss of privileges are examples of possible sanctions. The</p>

superintendent also noted there have been no disciplinary reports written for resident-on-resident sexual abuse during this audit cycle.

115.278 (c). GDC's PREA policy (p. 30) requires the agency's discipline process to consider whether the offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. The facility uses GDC's MH/MR Evaluation for Disciplinary Action form to evaluate a resident's mental health status. The interview with the superintendent revealed the facility would take a resident's mental disability or mental illness into consideration when determining sanctions after generating a discipline report. The superintendent also noted there have been no disciplinary reports written for resident-on-resident sexual abuse during this audit cycle.

115.278 (d). GDC PREA policy (p. 30) addresses if the facility offers therapy, counseling or other interventions to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer or require the perpetrator to participate in such interactions as a condition of access to programming or other benefits.

The CTC does not have mental health staff on facility grounds to offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. Offending residents are evaluated either at their new facility upon transfer, or at the Georgia Diagnostic and Classification Prison.

Policy indicates an offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact. There were no disciplinary records to review for this audit cycle.

115.278 (f). GDC prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. GDC's PREA policy (p. 30) addresses this provision verbatim and further indicates any individual proven false allegations will result in disciplinary action. to make a false allegation will receive a disciplinary report and may be subject to prosecution. Additionally, any person who willfully and knowingly gives or causes a false report of sexual harassment will be subject to disciplinary action in accordance with SOP 209.01 Offender Discipline.

115.278 (g). GDC's PREA policy (p. 29) stipulates in part, "The Department prohibits all consensual sexual activity between offenders, and offenders may be subject to disciplinary action for such activity. Consensual (non-coerced) sexual activity between offenders does not constitute sexual abuse but, is considered a disciplinary issue. All instances of sexual contact between offenders will be treated as non-consensual unless proven otherwise during the course of an investigation. There were no resident disciplinary reports for sexual activity between residents to review during this audit cycle.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.21 based upon documentation provided and interviews conducted.

Corrective Action: None

--	--

115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18) c. Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, PN 508.22 (eff. 5/3/18) e. Inmate Handbook d. Medical Management of Suspected Sexual Assault, Abuse or Harassment, RN VH82-0002 (eff. 9/1/01) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none"> a. Specialized Staff (1) <ul style="list-style-type: none"> - First Responders (Security Staff) b. Medical Staff c. Targeted Residents <ul style="list-style-type: none"> - Residents who Reported a Sexual Abuse (None) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.282 (a). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 31) in part states, “The Department shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR § 115 and in accordance with the Department Standard Operating Procedures regarding medical and mental health care.” In review of applicable GDC policies and procedures CTC ensures inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and the services are within the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The SART is required to arrange for immediate medical examination of alleged victims followed by a mental health evaluation within 24 hours.</p> <p>CTC does have medical services on-site. CTC does not have mental health services on-site. Residents in need are transferred to the Georgia Diagnostic and Classification Prison where</p>

mental health services are provided. The interview with medical health services administrator confirmed immediate care and crisis intervention for residents are conducted at the facility following an allegation of sexual abuse or prior victimization of sexual abuse. If emergent care is necessary residents are taken either to the local hospital or Georgia Diagnostic and Classification Prison for care and treatment. There were no residents who reported a sexual abuse at the facility to interview.

115.282 (b). Qualified medical professionals are on site at CTC. However, staff respond to emergencies. First responders take preliminary steps to protect the alleged victim. Initial responsibilities include separating the alleged abuser from the victim and notifying medical and mental health practitioners.

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

115.282 (c). Inmate victims of sexual abuse are offered timely information about and timely access to emergency sexually transmitted infections prophylaxis in accordance with GDC's Medical Management of Suspected Sexual Assault, Abuse or Harassment policy (p. 5). GDC Policy requires that when an inmate makes an allegation of sexual abuse, the inmate will be interviewed in private to determine the nature and timing of the assault and extent of physical injuries. First Aid and emergency treatment will be provided in accordance with good clinical judgment. If the assault occurred within the previous 72 hours, the inmate will be counseled regarding need for a medical evaluation to determine the extent of injuries and testing and treatment for sexually transmitted infections. If the inmate needs emergency care beyond the capability of the facility, he or she will be transported to the local hospital or Georgia Diagnostic and Classification Prison. The SANE and health care staff are utilized to provide the victim with information about access to emergency prophylactic treatment of sexually transmitted infections. The interview with medical staff verified these procedures. There were no residents who reported a sexual abuse to interview.

115.282 (d). In response to the PAQ, the facility reported treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. In review of one investigative file for an inmate who alleged sexual abuse by a staff member, there was no indication that the inmate was expected to make payment for any services.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.282 based upon documentation provided and interviews conducted.

Corrective Action: None

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- a. Pre-Audit Questionnaire (PAQ)
- b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)
- c. Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, PN 508.22 (eff. 5/3/18)
- d. Medical Management of Suspected Sexual Assault, Abuse or Harassment, RN VH82-0002 (eff. 9/1/01)
- e. Inmate Handbook
- f. CTC's PREA Local Procedure Directive and Coordinated Response Plan, Attachment 7 (eff. 3/2/18)
- g. GDC Procedure for Sane Nurse Evaluation/Forensic Collection
- h. Scope of Treatment Services, PN507.04.07 (eff. 3/29/18)

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

- a. Specialized Staff (3)
 - First Responders (Security Staff)
 - First Responders (Non-Security Staff) (0)
 - SAFE/SANE
 - Medical Staff
 - PREA Compliance Manager
- b. Targeted Residents
 - Residents who Reported a Sexual Abuse (None)

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

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

One investigative and inmate file reviewed contained documentation verifying referrals to mental health and medical for treatment and follow-up as deemed necessary after the allegation was brought to the attention of prison staff. The evaluation took place at the Georgia Diagnostic and Classification Prison.

115.283 (b). GDC policies and procedures Mental Health Management of Suspected Sexual Abuse or Sexual Harassment (pp. 1-8) and Medical Management of Suspected Sexual Assault, Abuse or Harassment (pp. 1-6) address the requirements of medical and mental health evaluations and treatment. Interviews with medical and mental health personnel indicated individualized treatment plans are prepared for each victim, including future follow up care if indicated. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. There were no residents who reported a sexual abuse at the facility to interview.

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

115.283 (d) CTC houses only male residents and therefore provision (d) is not applicable in determining compliance with PREA Standard 115.283.

115.283 (e). CTC houses only male residents and therefore provision (e) is not applicable in determining compliance with PREA Standard 115.283.

115.283 (f). The agency's "Procedure for Sane Nurse Evaluation/Forensic Collection" provides specific actions required when an inmate alleges sexual abuse/assault. It also requires that following a SANE Examination, the facility provider or designee is responsible for ordering prophylactic treatment for sexually transmitted infections if applicable. A follow up visit by a clinician is required three working days following the exam. There were no residents who reported a sexual abuse at the facility for the auditor to interview.

115.283 (g). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program address providing treatment for services victims of sexual abuse without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation. Review of the file documentation did not indicate the resident was expected to pay for any services related to the abuse.

115.283 (h). GDC Policy requires that the facility attempt to conduct a mental health evaluation of all known resident on resident abusers within 60 days of becoming aware of such history and offer treatment as appropriate.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.283 based upon documentation provided and interviews conducted.

Corrective Action: None

115.286 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

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

- a. Pre-Audit Questionnaire (PAQ)
- b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)
- c. GDC's Sexual Abuse Incident Review Checklist, PN 208.06, (Att. 9)

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

- a. Specialized Staff (3)
 - Superintendent
 - PREA Compliance Manager
 - Incident Review Team

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

115.286 (a). GDC's PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 31) requires facilities to conduct a Monthly Sexual Abuse Program Review. In instances of sexual abuse, the facility is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation that is determined to be substantiated or unsubstantiated. The purpose to review and assess the facility's PREA prevention, detection, and response efforts pursuant to the Sexual Abuse Incident Review Checklist (SAIR). This review is conducted by the facility's Sexual Abuse Incident Response Team (SAIRT). In response to the PAQ, the facility reported zero investigations of alleged sexual abuse was completed at the facility during the past 12 months.

115.286 (b). GDC's PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 31) requires a sexual abuse incident review be completed at the conclusion of every sexual abuse investigation that is determined to be substantiated or unsubstantiated. Policy does not stipulate it be conducted within 30 days however, it does require the facility to submit a report to the Department's PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator's office. The report is to be submitted by email and include all allegations investigated with the month. In response to the PAQ, the facility reported zero investigations of alleged sexual abuse were completed at the facility during the past 12 months.

115.286 (c). GDC's PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 3), defines a facility's Sexual Abuse Incident Review Team (SAIRT) is a team that consists of upper-level management representatives. The SAIRT allows for input from line supervisors and members of the Sexual Abuse and Sexual Harassment Response Team (SART), including investigators, medical and mental health staff, facility/internal victim advocate and retaliation monitors. CTC SART members include the superintendent, PCM, SART security investigator and backup investigator, SART medical and backup, SART mental health, SART mental health, SART victim advocate and backup and the SART retaliation monitor. The interview with superintendent indicated SAIR procedure is in place and upper level management participate in all reviews.

115.286 (d). GDC's, policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, attachment 9, Sexual Abuse Incident Review Checklist requires the incident review team to review the following:

- Consider whether the allegation indicates a need for policy or practice change
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity, gender identity, sexual orientation, gang affiliation or by group dynamics at the facility
- Examine the area in the facility where the incident allegedly occurred for anything that could Possibly enable abuse
- Assess the adequacy of staffing levels in areas during different shifts
- Assess whether monitoring technology should be deployed or augmented

All findings and recommendations for improvement will be documented on the SAIR. In response to the PAQ, the facility reported zero investigations of alleged sexual abuse were completed at the facility during the past 12 months.

The interviews with the superintendent, PCM and an incident review team member indicated the review team takes inmate race, sexual orientation and identification, possible gang affiliations or other group dynamics into consideration. Additionally, they determine whether physical barriers and staffing levels or lack of monitoring technology may have enabled abuse. Reports are submitted to the superintendent and PCM.

115.286 (e). GDC's SAIR Checklist includes a section for improvements whereby the facility will implement recommendations for improvement or will document the reason for not doing so. No improvements were recommended on the one SAIR the auditor reviewed.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.286 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.287	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ol style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18) c. GDC's Sexual Abuse Incident Review Checklist, PN 208.06, (Att. 9) <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ol style="list-style-type: none"> a. Specialized Staff (3) <ul style="list-style-type: none"> - Superintendent - PREA Compliance Manager - Incident Review Team <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.287 (a). GDC's PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 31) requires facilities to conduct a Monthly Sexual Abuse Program Review. In instances of sexual abuse, the facility is to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation that is determined to be substantiated or unsubstantiated. The purpose to review and assess the facility's PREA prevention, detection, and response efforts pursuant to the Sexual Abuse Incident Review Checklist (SAIR). This review is conducted by the facility's Sexual Abuse Incident Response Team (SAIRT). In response to the PAQ, the facility reported zero investigations of alleged sexual abuse was completed at the facility during the past 12 months.</p> <p>115.287 (b). GDC's PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 31) requires a sexual abuse incident review be completed at the conclusion of every sexual abuse investigation that is determined to be substantiated or unsubstantiated. Policy does not stipulate it be conducted within 30 days however, it does require the facility to submit a report to the Department's PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator's office. The report is to be submitted by email and include all allegations investigated with the month. In response to the PAQ, the facility reported zero investigations of alleged sexual abuse were completed at the facility during the past 12 months.</p> <p>115.287 (c). GDC's PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 3), defines a facility's Sexual Abuse Incident Review Team (SAIRT) is a team that consists of upper-level management representatives. The SAIRT allows for input from line supervisors and members of the Sexual Abuse and</p>

Sexual Harassment Response Team (SART), including investigators, medical and mental health staff, facility/internal victim advocate and retaliation monitors. CTC SART members include the superintendent, PCM, SART security investigator and backup investigator, SART medical and backup, SART mental health, SART mental health, SART victim advocate and backup and the SART retaliation monitor. The interview with superintendent indicated SAIR procedure is in place and upper level management participate in all reviews.

115.287 (d). GDC's, policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, attachment 9, Sexual Abuse Incident Review Checklist requires the incident review team to review the following:

- Consider whether the allegation indicates a need for policy or practice change
- Consider whether the incident or allegation was motivated by race; ethnicity; gender identity, gender identity, sexual orientation, gang affiliation or by group dynamics at the facility
- Examine the area in the facility where the incident allegedly occurred for anything that could Possibly enable abuse
- Assess the adequacy of staffing levels in areas during different shifts
- Assess whether monitoring technology should be deployed or augmented

All findings and recommendations for improvement will be documented on the SAIR. In response to the PAQ, the facility reported zero investigations of alleged sexual abuse were completed at the facility during the past 12 months.

The interviews with the superintendent, PCM and an incident review team member indicated the review team takes inmate race, sexual orientation and identification, possible gang affiliations or other group dynamics into consideration. Additionally, they determine whether physical barriers and staffing levels or lack of monitoring technology may have enabled abuse. Reports are submitted to the superintendent and PCM.

115.287 (e). GDC's SAIR Checklist includes a section for improvements whereby the facility will implement recommendations for improvement or will document the reason for not doing so. No improvements were recommended on the one SAIR the auditor reviewed.

115.287 (f). Provision (f) is not applicable to determining compliance with PREA Standard as the facility reported in its response to the PAQ, the Department of Justice has not asked for incident-based aggregated data for CTC.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.287 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ) b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, (eff. 3/2/18) c. GDC Annual PREA Report (2017, 2018) d. Department of Justice (DOJ) Survey of Sexual Victimization (SSV-2) State Prisons Systems Summary Form (2017, 2018) e. Agency Website: www.dcor.ga.state.us> <p>In order to decide compliance determination, the following people were interviewed, and the following interview findings were considered:</p> <ul style="list-style-type: none"> a. Specialized Staff: (2) <ul style="list-style-type: none"> - Agency Head - PREA Coordinator <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.288 (a). In response to the PAQ, the facility reported its agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. PREA policy, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 31) stipulates the agency will review aggregated data collected of all sexual abuse allegations in order to improve staff performance, identify problem areas, and improve facility operations and offender sexual safety. The incident-based data includes data to answer all the questions from the most recent version of the Department of Justice Survey of Sexual Violence (SSV-2). The review consists of identifying problem areas, on-going corrective action and the preparation of the annual report. The annual report will include findings and any necessary corrective action.</p> <p>Interviews with the agency head (designee) and PREA coordinator revealed the use of incident-based sexual abuse data is a process of annual review and taking on-going corrective action to determine how data can improve the quality of service and improve inmate and staff sexual safety. The agency head (designee) added at minimum, a monthly data report (Commissioner's monthly roll-up) is submitted by the PREA Coordinator's office and reviewed by Executive Leadership. The report contains trending charts to gauge allegation types and</p>

dispositions with an emphasis on substantiated allegations. Additionally, the agency has a dedicated, full-time PREA Analyst that compiles data and reviews it for trends relating to sexual abuse and sexual harassment.

115.288 (b). The auditor reviewed the agency’s PREA Annual Reports for 2017 and 2018 which were based on the 2017 and 2018 Survey of Sexual Victimization Forms. The reports included a comparison of the current year’s data and corrective actions with those from prior years (2013-2018) and provided an assessment of progress made in addressing sexual abuse. The agency PREA Coordinator tracks the progress of the investigations with the facility. The 2018 Annual PREA Report indicated there was a 31% decrease, from 2421 to 1671, in the number of allegations compared to last year and substantiated cases increased by 2%, from 64 to 72. The analysis is attributed to the following factors: Increased education in the definitions of what does, and does not meet the definition of PREA; A significant decrease in the use of the PREA Hotline to report false allegations; Process improvements and prevention training; and Improvements in investigative procedures. The auditor determined the reports contained all required information pursuant to this provision.

115.288 (c). The interview with the agency head (designee) indicated the agency head approves all PREA Annual Reports prior to posting on the agency’s website. The auditor reviewed the agency website, www.dcor.state.ga.us/ and located Annual PREA Reports from 2013 to 2018.

115.288 (d). The interview with the agency’s PREA Coordinator revealed any information that would compromise the confidentiality of reported information and any information that would breach the safety and security of GDC, staff, and/or offenders would be redacted. Redacted information can include, but is not limited to personal identifiers for offenders and staff, specific incident locations, facility schematics etc.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.288 based upon documentation provided and interviews conducted.

Corrective Action: None

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

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

- a. Pre-Audit Questionnaire (PAQ)
- b. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, PN 208.06, (eff. 3/2/18)
- c. GDC Agency Website (<http://www.dcor.state.ga.us/>)

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

- a. Specialized Staff: (1)
 - PREA Coordinator

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

115.289 (a). In response to the PAQ, the facility indicated GDC is required to securely maintain all collected and aggregated data. The interview with the PREA Coordinator revealed the PREA Unit gathers intelligence from facility reports that are sent directly to the PREA unit staff. The PREA Unit maintains the records, electronically, on a secure network drive.

115.289 (b). In response to the PAQ, the facility indicated GDC Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. The auditor reviewed the 2018 and 2017 Annual PREA Reports on the agency's website.

115.289 (c). In response to the PAQ, the facility indicated the agency is required to remove all personal identifiers prior to publishing the aggregated data on its public website. The auditor reviewed the agency's website and reviewed the 2018 and 2017 Annual PREA Reports and found no personal identifiers.

115.289 (d). Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 32-33) requires retention of PREA related documents and investigations to be securely retained for at least 10 years from the date of the initial report. The agency's website contains historical PREA reports since 2012.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.289 based upon documentation provided and interviews conducted.

Corrective Action: None

115.401	Frequency and scope of audits
	<p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1449 405">In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <p data-bbox="252 456 411 490">Documents:</p> <ul style="list-style-type: none"> <li data-bbox="252 501 683 535">a. Pre-Audit Questionnaire (PAQ) <li data-bbox="252 546 1342 580">b. Georgia Department of Corrections Agency Website (http://www.dcor.state.ga.us/) <p data-bbox="252 669 1461 748">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="252 797 1469 1043">115.401 (a). GDC ensures that 1/3 of their prisons are audited each year for compliance with the PREA Standards each year so that at the end of the 3-year cycle, all prisons have been audited. The CTC was previously audited for compliance with the PREA Standards May 16, 2017. The auditor reviewed the agency’s website, http://www.dcor.state.ga.us/, and verified CTC had a PREA audit in May 2018. The PREA Coordinator also relayed to the auditor that all GDC facilities are undergoing 3rd Cycle PREA audits.</p> <p data-bbox="252 1099 1493 1648">GDC Policy, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, (pp. 31-32) addresses the requirement that the Department will conduct audits pursuant to 28 C.F.R/ 114.401-405. Each facility operated by the Department will be audited every three years or on a schedule determined by the PREA Coordinator. The Georgia Department of Corrections also contracts with county and private facilities. Policy requires that county facilities and privately operated on behalf of the Department (housing state offenders) must meet the same audit requirements. These entities are responsible for scheduling and funding their audits. All audits are required to be certified by the Department of Justice and each facility will bear the burden of demonstrating compliance with the federal standards. A copy of the final report will be submitted to the Department’s PREA Coordinator upon completion of the audit and must be conducted every three years. The auditor reviewed the agency’s website and verified CTC had a PREA audit in May 2018. The auditor noted both reports on the agency website. The current PREA audit is the CTC’s 3rd audit.</p> <p data-bbox="252 1700 1458 1778">115.401 (b). The auditor reviewed the agency’s website, and verified they had PREA audits in May of 2015 and 2017.</p> <p data-bbox="252 1830 1445 1908">115.401 (h). The auditor was provided unfettered access to all areas of the facility during this PREA audit.</p> <p data-bbox="252 1960 1477 1993">115.401 (i). The auditor received documents as requested, including those stored electronically.</p> <p data-bbox="252 2045 1382 2078">115.401 (m). The auditor was provided a space for private, uninterrupted interviews with</p>

	<p>residents during this PREA audit.</p> <p>115.401 (n). Residents were not prohibited from sending confidential information or correspondence to the auditor, unopened and sealed.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.401 based upon documentation provided.</p> <p>Corrective Action: (None)</p>
--	---

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>In order to decide compliance determination, the following policies and other documentation were reviewed:</p> <ul style="list-style-type: none"> a. Pre-Audit Questionnaire (PAQ b. GDC website; http://www.dcor.state.ga.us/ <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.403 (f) The agency PREA Coordinator ensures that all PREA Reports are published on the agency's website within 90 days of the completion of the report. Reports for all facilities for all reporting periods are posted on the agency's website, http://www.dcor.state.ga.us/Divisions/Executive Operations/PREA and are easily accessible to the public. The auditor reviewed the agency's website and reviewed the previous PREA reports, as well as, annual reports that were posted on the website.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.403 based upon documentation provided.</p> <p>Corrective Action: (None)</p>

Appendix: Provision Findings

115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes

115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na

115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes

115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	no

115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)	yes

115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	no

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes

115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.216 (a)	Residents with disabilities and residents who are limited English proficient	
-------------	---	--

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

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes

115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of 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 the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes

115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes

115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes

115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes

115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na

115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes

115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na

115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na

115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents 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 residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes

115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes

115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes

115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes

115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes

115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na

115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes

115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes

115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

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

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes

115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes

115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes

115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

115.242 (f)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	na

115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes

115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	na
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	na

115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	na

115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	na
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	na
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	na
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	na

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na

115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes

115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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 residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes

115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, 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 a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no

115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes

115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes

115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes

115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct and form of administrative or criminal sexual abuse investigations. See 115.221(a).)	na

115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform 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

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes

115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes

115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes

115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes

115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na

115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes

115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes

115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

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