

PREA Facility Audit Report: Final

Name of Facility: Clayton Transitional Center

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 02/23/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Mable P. Wheeler	Date of Signature: 02/23/2023

AUDITOR INFORMATION	
Auditor name:	Wheeler, Mable
Email:	wheeler5p@hotmail.com
Start Date of On-Site Audit:	01/09/2023
End Date of On-Site Audit:	01/11/2023

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

Primary Contact	
Name:	Jeffrey Farmer
Email Address:	jeffrey.farmer@gdc.ga.gov
Telephone Number:	404-675-1502

Facility Director	
Name:	Tamika Harvey
Email Address:	tamika.harvey@gdc.ga.gov
Telephone Number:	404-675-1897

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

Facility Characteristics	
Designed facility capacity:	347
Current population of facility:	335
Average daily population for the past 12 months:	330
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	20-70
Facility security levels/resident custody levels:	minimum, medium, close
Number of staff currently employed at the facility who may have contact with residents:	43
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:	25

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

SUMMARY OF AUDIT FINDINGS

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

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

Number of standards exceeded:

5	<ul style="list-style-type: none"> • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.231 - Employee training • 115.233 - Resident education • 115.286 - Sexual abuse incident reviews • 115.287 - Data collection
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Number of standards met:

36

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-01-09
2. End date of the onsite portion of the audit:	2023-01-11

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	347
15. Average daily population for the past 12 months:	330
16. Number of inmate/resident/detainee housing units:	60
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	340
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0

<p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>The Georgia Department of Corrections tracks all groups using the SCRIBE database. In addition, SCRIBE is also used to store investigations data.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>39</p>

<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>25</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>Two (2) contracted Nurses through Well Path provide medical services on-site; the facility does not provide mental health on-site. Mental health staff at Georgia Diagnostic Classification Prison in Jackson, GA provides mental health services for confined persons housed at Clayton Transitional Center.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>29</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>

<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Using the Alpha Roster that identifies all confined persons housed at the facility, to include security levels, race, and housing assignment to auditor selected confined persons by race, ethnicity, and housing assignments to ensure the population selection was diverse.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No population selected for interview was over sampled; the auditor had no barriers completing interviews. All randomly confined persons selected for interview were polite and forthcoming during interview.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>1</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the on-site portion of the audit, the auditor requested and received the Profile Report from the GDOC PREA Unit identifying confined persons with disabilities. During the intake process at Georgia Diagnostic Classification Prison confined persons with disabilities are noted in SCRIBE allowing all GDOC facilities access to the data for each confined person within the GDOC system.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the on-site portion of the audit, the auditor requested and received the Profile Report from the GDOC PREA Unit identifying confined persons with disabilities. During the intake process at Georgia Diagnostic Classification Prison confined persons with disabilities are noted in SCRIBE allowing all GDOC facilities access to the data for each confined person within the GDOC system. There was no confined person house at the facility with a cognitive disability.</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the on-site portion of the audit, the auditor requested and received the Profile Report from the GDOC PREA Unit identifying confined persons with disabilities. During the intake process at Georgia Diagnostic Classification Prison confined persons with disabilities are noted in SCRIBE allowing all GDOC facilities access to the data for each confined person within the GDOC system. There was no confined person house at the facility with a vision disability.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Prior to the on-site portion of the audit, the auditor requested and received the Profile Report from the GDOC PREA Unit identifying confined persons with disabilities. During the intake process at Georgia Diagnostic Classification Prison confined persons with disabilities are noted in SCRIBE allowing all GDOC facilities access to the data for each confined person within the GDOC system. There was no confined person house at the facility with who was Limited English Proficient (LEP).</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Confined persons who identify as gay/lesbian, bisexual, transgender or intersex, this information is noted in the SCRIBE database, all GDOC facilities have access to the database. The auditor consulted with counseling staff to obtain this information. There was no confined person housed at the facility that identified as gay or bisexual.</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Confined persons who identify as gay/lesbian, bisexual, transgender or intersex, this information is noted in the SCRIBE database, all GDOC facilities have access to the database. The auditor consulted with counseling staff to obtain this information. There was no confined person house at the facility that identified as transgender or intersex.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility had no allegations of sexual abuse or sexual harassment during the 12-months preceding the audit. This was confirmed through reports received from the GDOC PREA Unit and specialized staff interviews.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>This information is noted in the SCRIBE database, which is obtained from the risk screening form, all GDOC facilities have access to the database. The auditor consulted with counseling staff to obtain this information. Each confined person is screened within 24 hours of arrival to the facility for prior sexual victimization. Counselors have access to historical data as well as current data for each confined person.</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
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<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Using the PAQ and during interviews with specialized staff, it was confirmed that no confined persons were placed in segregated housing/isolation for risk of sexual victimization during the 12-months preceding the audit.</p>
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<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>There was one confined person who was determined to be targeted that was interviewed. This was confirmed by using the Profile Roster, Pre Audit Questionnaire, and interviews with specialized staff.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
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<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>Using the staff roster, the auditor interviewed random staff from all shift assignments, work assignments and rank. During the on-site portion of the audit, the facility employed thirty-nine (39) to include administrative and security staff, and two (2) contracted nurses.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>13</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Using the PRC Interview Protocol, the audit selected specialized staff for interview.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

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

Yes

No

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

Yes

No

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

Yes

No

<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>During the site review, the audit observed PREA signage, community-based advocate information with contact number, notice of the PREA audit posted prolifically throughout the facility. The auditor also observed staff supervision practices, the audit observed no cross gender searches. No confined persons or staff acknowledged the practice of cross-gender searches at this facility.</p> <p>The auditor tested the phones in living units by placing a call to the PREA Unit Hotline, an email was received as confirmation of the call. The auditor was able to observe the intake/ risk screening/process; the facility had (2) new arrivals. The auditor placed a call to the outside advocate service and spoke with the Executive Director who confirmed providing services to CTC.</p> <p>The auditor reviewed the User’s Guide for Lionbridge that provides interpreter service to confined persons who are LEP. Interviews with specialize staff confirmed the service was not used during the 12-months preceding the audit.</p>
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Documentation Sampling

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

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

The following documents were provide for review:

1. Clayton Transitional Center Pre-Audit Questionnaire
2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention
3. GDOC Organizational Chart
4. Clayton Transitional Center Staffing Plan (eff. 11/29/2022)
5. Clayton Transitional Center Staffing Plan (eff. 1/14/2020)
6. Clayton Transitional Center Unannounced Rounds
7. 2021 PREA Annual Report
8. Daily Post Rosters/End of Shift Rosters (5)
9. Clayton Transitional Center Training Curriculum on Searches
10. Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches
11. Policy Number 220.09 DOC Transgender Policy
12. Users instructions for accessing Lionbridge (Interpretive Services)
13. GDOC Employment Application
14. Employee Personnel File Audit (39)
15. GDOC Background Checks on Employees, Contractors, Volunteers (2)
16. GDOC Filling a Vacancy , SOP 104.09
17. GDOC Professional Reference Check Form, SOP 104.09
18. Memorandum of Understanding with Southern Crescent Sexual Assault and Child Advocacy Center
19. Standard Operating Procedure (SOP), 103.10, Evidence Handling and Crime Scene Processing
20. SOP, 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders
21. Procedure for SANE Evaluation/

Forensic Collection

22. PREA Acknowledgement Statement.
23. Procedure for SANE Nurse Evaluation/
Forensic Collection
24. GDOC Website referencing agency
PREA Policy
25. Sexual Abuse Incident Review Form,
Attachment 9
26. Sexual Allegation Response Checklist,
Attachment 4
27. PREA Investigative Summary,
Attachment 6
28. In-Service Training Roster
29. Staff PREA Training Brochure
30. Confined person Files (12)
31. Education Brochures (Spanish and
English)
32. Clayton Transitional Center Confined
person Handbook
33. ADA Accommodation Request
Procedure, SOP 103.63
34. NIC Training, Investigating Sexual
Abuse in a Confinement Setting
Certificate (1)
35. Training Documentation - Medical and
Mental Health Staff (2)
36. Well Path Curriculum
37. Assessment and Reassessments Risk
Screening (35)
38. Statewide Classification Committee
Referral Form, SOP 220.09,
Attachment 2
39. PREA Posters (English & Spanish)
40. Statewide Grievance Procedure, PN
227.02
41. GDOC official website:
<http://www.GDOC.ga.gov/>
42. GDOC Employee Standards of Conduct
43. Coordinated Response Plan
44. Sexual Abuse Response Checklist,
attachment 6
45. Retaliation Monitoring Form
46. Disposition Offender Notification Form
47. Offender Discipline, SOP 209.01
48. SOP 209.01, Offender Discipline,
Authorized Discipline Sanctions List,

Attachment 5

49. SOP 209.01, Offender Discipline, MH/ MR Evaluation for Disciplinary Action, Attachment 9
50. Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, PN 508.22
51. GDOC Procedure for Sane Nurse Evaluation/Forensic Collection
52. GDOC's Sexual Abuse Incident Review Checklist, (Att. 9)
53. Annual PREA Reports FY 2021-2022

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility had zero (0) allegations of sexual abuse or sexual harassment during the 12-months preceding the audit.
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)

Staff-on-inmate sexual abuse investigation files

103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	The facility had zero (0) allegations of sexual abuse or sexual harassment during the 12-months preceding the audit.
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>

<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility had zero (0) allegations of sexual abuse or sexual harassment during the 12-months preceding the audit.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards

Auditor Overall Determination Definitions

- Exceeds Standard
(Substantially exceeds requirement of standard)
- Meets Standard
(substantial compliance; complies in all material ways with the stand for the relevant review period)
- Does Not Meet Standard
(requires corrective actions)

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.211.</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention 3. GDOC Organizational Chart <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.211 (a). GDOC, and by extension the Clayton Transitional Center, has a written policy entitled, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (Eff. 6/23/2022), 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 GDOC’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 confined persons or those with limited English proficiency. The PREA policy (pp. 2-5) defines the prohibited behaviors regarding sexual abuse and sexual harassment and resulting disciplinary action for confined persons if upon investigation, these behaviors are found to be coerced. Disciplinary action will be initiated against staff members up to termination of employment.</p> <p>115.211 (b). Review of GDOC’s organizational chart depict there is an upper-level agency wide PREA Coordinator. This position is considered senior management and reports directly to the GDOC 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.</p>

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

This standard is rated "exceeds" because of the Agency's and the Facility's commitment to zero tolerance to PREA. This was evident in interviews with the GDOC Commissioner, Warden, staff and inmates.

Corrective Action: (None)

115.212	Contracting with other entities for the confinement of residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1473 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.212:</p> <p data-bbox="280 454 453 488">Documents:</p> <ol data-bbox="280 526 1414 674" style="list-style-type: none"> <li data-bbox="280 526 1078 560">1. Clayton Transitional Center Pre-Audit Questionnaire <li data-bbox="280 598 1414 674">2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, (eff. 6/23/2022) <p data-bbox="280 712 1430 745">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 784 517 817">Specialized Staff</p> <ol data-bbox="280 855 791 889" style="list-style-type: none"> <li data-bbox="280 855 791 889">1. Agency Contract Administrator <p data-bbox="280 927 1437 1003">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1041 1473 1615">For purposes of this audit, this auditor is not required to make a compliance determination for provisions (a) and (b) of this standard Clayton Transitional Center does not contract for the confinement of confined persons. The facility reported in their response to the Pre- Audit Questionnaire (PAQ) they have not entered or renewed a contract for the confinement of confined persons since the last PREA audit. GDOC policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 8) does allow for contracts with private entities for the confinement of confined persons. It requires GDOC to ensure that contracts for the confinement of its confined persons 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 data-bbox="280 1653 1481 1899">The interview with the Agency Contract Administrator confirmed Clayton Transitional Center does not contract with private entities for the confinement of confined persons. GDOC 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 data-bbox="280 1937 1481 2051">The auditor has determined current operations and practices meet the requirements of PREA Standard 115.212 based upon documentation provided and interviews conducted.</p>

	Corrective Action: None
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115.213	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.213:</p> <ol style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Clayton Transitional Center Staffing Plan (eff.11/29/22) 4. Clayton Transitional Center Staffing Plan (eff. 1/14/2020) 5. Clayton Transitional Center Unannounced Rounds 6. 2021 PREA Annual Report 7. Daily Post Rosters/End of Shift Rosters <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (2)</p> <p>Superintendent PREA Coordinator</p> <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p> <ol style="list-style-type: none"> 1. Observations of Staffing Pattern on all shifts. 2. Observations of camera locations. <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.213 (a). GDOC’s Policy Number 208.06 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 confined persons against sexual abuse. In its response to the PAQ, the facility provided copies of staffing plans, dated 11/29/22 and 1/14/2020 for Clayton Transitional Center and indicated they are predicated on a confined person capacity of 347. The auditor reviewed the staffing plans and found it did 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</p> <p>Based on the facility having a staffing plan in place and reviewed on an annual</p>

basis, and interviews with staff, auditor conversations, the auditor is confident all areas of the provision are being met.

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 shifts and found them to be within the parameters of the staffing plan.

115.213 (b). GDOC's Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 8-9) 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 deviations from the staffing plan during the past 12 months. The auditor reviewed a sampling of End of Shift Rosters and found deviations noted. Clayton Transitional Center 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 confined persons against sexual abuse, per the PREA policy (p. 1).

The interview with the superintendent revealed there have been deviations from the staffing plan; this is documented on the End of Shift Roster identifying post(s) not covered.

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 GDOC's Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 9). 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 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)

115.215	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1481 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.215:</p> <ol data-bbox="280 454 1481 741" style="list-style-type: none"> 1. Clayton Transitional Center Pre Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, SOP 208.06, (eff. 6/23/2022) 3. Clayton Transitional Center Training Curriculum on Searches 4. Local Policy Directive, Amendment to SOP 208.06, Limits to Cross Gender Viewing and Searches (dated 6/23/2022) 5. Policy Number 220.09 DOC Transgender Policy (dated 7/26/2019) <p data-bbox="280 779 1430 813">The following staff were interviewed to determine compliance with this standard:</p> <ol data-bbox="280 851 1278 1010" style="list-style-type: none"> 1. Non-Medical Staff (involved in cross-gender strip or visual searches) 2. Random Staff (12) 3. Random Confined Persons (29) 4. Targeted Confined Person w/ hearing disability (1) <p data-bbox="280 1048 1469 1124">In order to determine compliance, the following observations were made during the on-site facility tour:</p> <p data-bbox="280 1162 1353 1196">Observations of cross-gender announcements when entering housing units.</p> <p data-bbox="280 1234 842 1267">Observed the Intake Screening Process.</p> <p data-bbox="280 1305 1437 1382">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1420 1481 2085">115.215 (a). The agency’s PREA policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, under section Limits to Cross-Gender Viewing and Searches (p. 10) 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 the auditor requested a list of medical and non-medical staff who conducts 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</p>

the past 12 months preceding the audit.

All random staff interviews corroborated the policy prohibiting cross-gender searches absent emergent and exigent circumstances. Should one occur, it would be documented.

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 confined persons.

115.215 (c). The agency's PREA policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, under section Limits to Cross-Gender Viewing and Searches (p. 10), 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 Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy 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 confined person'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. Most random and targeted confined person 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 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, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 8, Limits to Cross-Gender Viewing and Searches (P. 10) 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 confined person for the sole purpose of determining the confined person'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 Clayton Transitional Center'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.

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

Corrective Action: (None)

115.216	<p>Residents with disabilities and residents who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.216.</p> <ol style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program SOP 208.06, (eff. 6/23/2022) 3. Users instructions for accessing Lionbridge (Interpretive Services) 4. PREA Posters in English and Spanish <p>The following staff were interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Agency Head (1) 2. Random Staff (12) 3. Targeted Confined person with a hearing disability (1) 4. Targeted Confined person who was Limited English Proficient) (0) <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p> <p>Observed posted PREA information throughout the facility in English and Spanish.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.216 (a). GDOC’s written policy, Policy Number 208.06 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. 12) requires the local (facility) PREA Compliance Manager to ensure appropriate resources are available to confined persons 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 Lionbridge to provide interpretive services for limited English proficient confined persons 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 was one confined person with disabilities or LEP to interview.</p> <p>115.216 (b). As noted in provision (a) of this standard, interview with the agency head revealed the facility has a contract with Lionbridge to communicate with LEP confined persons. The PCM also indicated the facility also has contracts with</p>
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Interpreters Unlimited, Lionbridge. PREA information and brochures in English and Spanish are visibly posted throughout the facility and in housing units and are readily available for the confined persons. The Inmate Roster indicated no LEP confined persons at the facility. The same was presented during the on-site visit; therefore, no interviews with LEP specific confined persons were conducted.

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

115.215 (c). Clayton Transitional Center's written PREA policy entitled, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section b., Offenders with Disabilities, Who Have Limited English Proficient (LEP), or have Limited Reading Skills (pp. 12-13) addresses the facility's reliance on confined person interpreters, readers, or other types of confined person assistants. Clayton Transitional Center 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 confined person's safety, the performance of first-responder duties, or the investigation of confined person allegations. All random staff interviews indicated they would not use another confined person (unless absolute emergency) to assist in translation. The facility reported in its PAQ response that Clayton Transitional Center had zero instances when confined persons or other type of confined person assistance was used during the past 12 months. Policy is in place, and staff interviews support the non-use of any type of confined person 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
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1484 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.217:</p> <ol data-bbox="280 456 1378 904" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. GDOC Employment Application 4. Employee Personnel Files (10) 5. Employee Personnel File Audit (40) 6. GDOC Background Checks on Employees, Contractors, Volunteers 7. GDOC Filling a Vacancy, SOP 104.09, (eff. 5/25/2022) 8. GDOC Professional Reference Check Form, SOP 104.09, (Eff. 3/28/2018) 9. Contractor Files (2) 10. Contractor Personnel File Audit (2) <p data-bbox="280 945 1430 981">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 1021 769 1057">Administrative HR Tech Supervisor</p> <p data-bbox="280 1097 1439 1173">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1214 1481 1908">115.217 (a). The agency’s written policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 13-14) 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 have 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 by prospective employees if they have ever:</p> <ul data-bbox="280 1948 1452 2065" style="list-style-type: none"> - 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, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 13-14) requires GDOC to consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with offenders. 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 if 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.

115.217 (c). The agency's written policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (p. 14), requires a background investigation 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 HR Tech Supervisor revealed the facility completes a Professional Reference Check on each transfer 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.

In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks: (15)

In response to the PAQ the facility indicated staff hired within the past 12 months 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 year.

115.217 (d). The agency's written policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 15) 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 GDOC facilities.

115.217 (e). The agency's written policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (p.15) requires a background investigation be completed on all employees and contractors who may have contact with inmates every year. 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. However, DOC currently does annual background checks for all staff.

The auditor reviewed employee and volunteer/contractor files with background checks. File documentation confirmed all employees and contractors had current background investigations conducted annually. The auditor is confident this practice has been institutionalized.

115.217 (f). The agency's written policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 14 - 15) 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 for the following information:

- 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 four (4) promotion files to review during this audit cycle. The interview with the facility's HR Tech Supervisor indicated this is standard procedure at all GDOC facilities. Employees, transfers, 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, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 15) 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, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, section 10, Hiring and Promotion Practices (pp. 14) 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 GDOC facilities.

The interview with the HR Tech Supervisor 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)

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.218:</p> <ol style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff: (2)</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>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 Clayton Transitional Center. This provision is not applicable since the facility has had no expansions or modifications to their facility.</p> <p>115.218 (b). In response to the PAQ, the facility indicated they have not installed or updated their camera/video monitoring system since the last PREA Audit conducted in 2020. The interviews with the agency head and superintendent also indicated no new installation or update to their electronic technology has occurred during this audit period.</p> <p>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>Corrective Action: None</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1484 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.221:</p> <ol data-bbox="280 506 1465 1335" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. PREA Investigation Protocol, (dated 6/15/16) 4. Memorandum of Understanding with Southern Crescent Sexual Assault and Child Advocacy Center, (dated 8/23/18) 5. Standard Operating Procedure (SOP), 103.10, Evidence Handling and Crime Scene Processing 6. SOP, 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders (dated 12/15/05) 7. Procedure for SANE Evaluation/Forensic Collection 8. Sexual Abuse/Sexual Harassment Rape Elimination Act (PREA) Education Acknowledgement Statement. 9. Procedure for SANE Nurse Evaluation/Forensic Collection, (dated 8/14/15) 10. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, Attachment 5, Procedure for SANE Evaluation/Forensic Collection (eff. 6/23/2022) 11. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, Attachment 7, Procedure for SANE Nurse Evaluation/Forensic Collection (eff. 8/14/15) <p data-bbox="280 1375 1430 1411">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 1487 576 1523">Specialized Staff: (2)</p> <ol data-bbox="280 1532 700 1648" style="list-style-type: none"> 1. PREA Compliance Manager 2. SAFE/SANE staff 3. Random Staff (12) <p data-bbox="280 1657 1142 1693">Targeted Confined persons Who Reported a Sexual Abuse (0)</p> <p data-bbox="280 1729 1437 1805">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1841 1430 2087">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, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 30) describes the agency's expectations</p>

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, GDOC, 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, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 14), GDOC'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 Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 16) 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. Prior interview with a SAFE/SANE staff from GDOC's contracted Sexual Assault Response Team confirmed this information by indicating they are and have SAFE/SANE staff responsible for conducting forensic examinations for confined persons under the supervision of the Georgia Department of Corrections. The confirmed inmates from the community transition center would be transferred to a secure facility for examinations. In response to the PAQ, the facility reported no 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 Southern Crescent Sexual Assault and Child Advocacy 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 for their forensic medical examination process and any 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 Southern Crescent Sexual Assault and Child Advocacy Center, a Rape Crisis Center, as a means, to have a victim advocates available to inmate victims of sexual abuse.

There were no confined persons who reported sexual abuse to Auditor during the inmate interview protocol.

115.221 (e). Per PREA policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 17) CTC offers “a victim advocate to offenders alleging sexual abuse/sexual harassment upon request” by the inmate. The interview with the PCM revealed the Southern Crescent Sexual Assault and Child Advocacy Center is a community-based organization. The interview with a representative of the Southern Crescent Sexual Assault and Child Advocacy 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 confined persons 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
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1485 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.222:</p> <ol data-bbox="280 456 1378 739" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. GDOC Website referencing agency PREA Policy 4. Sexual Abuse Incident Review Form, Attachment 9 5. Sexual Allegation Response Checklist Form, Attachment 4 6. PREA Investigative Summary Form, Attachment 6 <p data-bbox="280 779 1430 815">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 855 576 891">Specialized Staff: (2)</p> <ol data-bbox="280 896 663 972" style="list-style-type: none"> 1. Agency Head (designee) 2. Investigative Staff <p data-bbox="280 1012 1441 1088">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1128 1485 1572">115.222 (a). Per Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 26-29) "All reports of sexual abuse or sexual harassment will be considered allegations and will be investigated. In response to the PAQ, the facility reported no incident of sexual abuse occurred during the 12-month period preceding the audit. 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.</p> <p data-bbox="280 1612 1477 2020">115.222 (b). Per Policy Number 208.06 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 GDOC 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 GDOC's Operations of Professional Standards office for investigation.</p> <p data-bbox="280 2060 1378 2096">115.222 (c). GDOC conducts its own criminal investigations and therefore, its</p>

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
	<p data-bbox="280 188 1038 224">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1474 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.231:</p> <ol data-bbox="280 456 1378 739" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. PREA Curriculum 4. PREA Acknowledgement Statements, staff and contractors 5. In-Service Training Roster 6. Staff PREA Training Brochure <p data-bbox="280 779 1430 815">The following staff were interviewed to determine compliance with this standard:</p> <ol data-bbox="280 855 711 931" style="list-style-type: none"> 1. Random Staff (12) 2. Informally Interviewed Staff <p data-bbox="280 972 1474 1536">115.231 (a): The agency trains all employees who may have contact with residents on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Residents' rights to be free from sexual abuse and sexual harassment; (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with residents; (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p data-bbox="280 1576 1474 1823">Staff at the facility, in compliance with Georgia Department of Corrections Policies, receives their initial PREA Training as newly hired employees (Pre-Service Orientation). A block of training for the new employees is dedicated to PREA. Newly hired Correctional Officers later attend Basic Correctional Officer Training (BCOT for Certification through the Georgia Peace Officers Training Council). A block of training includes PREA.</p> <p data-bbox="280 1863 1474 2020">115.231 (b): Training is tailored to the gender of the residents at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa.</p> <p data-bbox="280 2060 1442 2096">GDOC Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive</p>

Behavior Prevention and Intervention Program, in Paragraph 1.b requires that in-service training includes gender specific reference and training to staff as it relates to a specific gender population supervised; and staff that transfer into another facility from a different gender facility are required to receive gender-appropriate training.

115.231 (c): All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

Interviewed staff stated they received their initial PREA Training during pre-service training, prior to their attending Basic Correctional Officer Training at the Georgia Department of Corrections Academy. Staff confirmed they receive PREA Training annually during annual in-service training.

115.231 (d): The agency documents, through employee signature or electronic verification, that employees understand the training they have received.

Reviewed personnel files representing Newly Hired Staff, Promoted Staff and Regular Staff all contained PREA Acknowledgment Statements. These statements affirm that the employee has received training on the Department's Zero Tolerance Policy on Sexual Abuse and Sexual Harassment and that they have read the GDOC Standard Operating Procedure 208.06, Sexually Abusive Behavior Prevention and Intervention Program.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.231 based upon documentation provided and interviews conducted.

This standard is rated exceeds, the Georgia Department of Corrections received funding through the BJA-2020-17233 grant that allowed the department to hire ARKS Media LLC, to revise the Georgia DOC PREA training video. The revised video serves as a PREA education component for both staff and inmates. The use of sign language is also an enhancement.

Corrective Action: None

115.232	Volunteer and contractor training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1485 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.32:</p> <ol data-bbox="280 456 1461 779" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Training Records - Volunteers (2) 4. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, Attachment 1, Sexual Abuse/Sexual Harassment PREA Acknowledgement Statements. 5. Contractor and Volunteer Training Curriculum <p data-bbox="280 819 1430 855">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 891 517 927">Specialized Staff</p> <ol data-bbox="280 963 703 999" style="list-style-type: none"> 1. Contractors (1) (Well Path) <p data-bbox="280 1034 1441 1111">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1146 1469 1809">115.232 (a). The Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 20-21) addresses volunteer and contractor training requirements relative to this standard. 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) Acknowledgement Statement. The auditor reviewed two contractor files and found the appropriate documentation in place to satisfy this provision. In the response to the PAQ, the facility indicated there were (25) twenty-five volunteers and (2) contractors who have contact with the confined persons during the 12-months preceding the audit. By definition from the PREA Resource Center, a person who may have contact with confined persons 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.</p> <p data-bbox="280 1845 1329 1921">There were no volunteers to interview during the on-site visit. The auditor interviewed (1) one contractor during the on-site portion of the audit.</p> <p data-bbox="280 1957 1453 2078">115.232 (b). Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (pp. 20-21) in part states, "The level and type of training provided to volunteers and contractors shall</p>

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. One contractor was interviewed during the on-site visit.

115.232 (c). The auditor reviewed documentation for 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
	<p data-bbox="280 188 1038 224">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1474 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.33:</p> <ol data-bbox="280 456 1385 779" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Confined person Files (12) 4. Confined person Awareness and Education Brochures (Spanish and English) 5. Clayton Transitional Center Confined person Handbook 6. ADA Accommodation Request Procedure, SOP 103.63 7. Lionbridge User Guide <p data-bbox="280 819 1430 855">The following staff were interviewed to determine compliance with this standard:</p> <ol data-bbox="280 891 1075 1008" style="list-style-type: none"> 1. Random Confined persons (29) 2. Targeted Confined person with a hearing disability (1) 3. Intake staff (1) Specialized Staff <p data-bbox="280 1048 1474 1124">In order to determine compliance, the following observations were made during the on-site facility tour:</p> <ol data-bbox="280 1160 1474 1276" style="list-style-type: none"> 1. Observations of prominently posted PREA materials in housing units and common areas. 2. PREA Hotline Dialing Instructions <p data-bbox="280 1317 1442 1393">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1433 1458 1841">115.233 (a) Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 18) requires notification of the GDOC'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 536 confined persons received orientation 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.</p> <p data-bbox="280 1881 1474 2083">The random confined person 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</p>

suspicious of sexual abuse or sexual harassment both verbally and in writing. They receive a comprehensive PREA brochure and a confined person handbook which details PREA and reporting mechanisms.

The auditor had the opportunity to observe the intake screening process at the CTC. The facility had (3) new arrivals during the on-site portion of the audit.

The auditor verified PREA information was disseminated to the confined persons. During the initial intake confined persons watched a 20-minute video presentation on PREA video. 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 536 confined persons were transferred from a different community confinement facility in the past 12 months. 100% of those confined persons 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.

Clayton Transitional Center provides PREA education/refresher education to all confined persons 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 confined person files revealed all contained a signed acknowledgment they were given a copy of the confined person handbook which contains a comprehensive PREA information section beginning with "Zero Tolerance for Sexual Violence", as well as watched a PREA video. A question-and-answer period immediately follows the video presentation. The video is approximately 20 minutes in length and stresses sexual abuse as not being a part of a confined person's sentence.

Random interviews with confined persons revealed 100% received refresher training with the other confined persons 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 arrivals.

115.233 (c). Per GDOC Standard Operating Procedure, 103.63, Accommodation Request Procedure, qualified offenders with disabilities will have equal access to services, programs, and activities. GDOC and each GDOC facility have an ADA Coordinator to assist with special needs. According to the policy, to ensure effective communication with those confined persons who are hearing impaired, GDOC 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 GDOC's programs, or other equally effective solutions.

For confined persons with a vision disability GDOC will provide confined persons

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 confined persons with communication disabilities, GDOC will provide other effective methods to make materials available to accommodate communication needs. For confined persons who are Limited English Proficient GDOC provides interpretive services through several means, including interpretive services, and dual language PREA posters and brochures.

115.233 (d). The facility maintains documentation of confined person participation in PREA education sessions. All PREA education documents that facility case management staff discuss with and provide confined persons are signed and dated by both staff and confined person. Documents include the Offender Orientation Checklist, which includes verification of watching the PREA video and receipt of the confined person handbook. All confined persons 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 confined person files revealed all 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 confined person handbooks. The auditor observed that facility practice allows for each confined person to sign for and retain a copy of the confined person 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 day rooms by the telephones.

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

This standard is rated exceeds, the Georgia Department of Corrections received funding through the BJA-2020-17233 grant that allowed the department to hire ARKS Media LLC., to revise the Georgia DOC PREA training video. The revised video serves as a PREA education component for both staff and inmates. The use of sign language is also an enhancement.

Corrective Action: (None)

115.234	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.234:</p> <ul style="list-style-type: none"> a. Clayton Transitional Center Pre-Audit Questionnaire b. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) c. Training Records of Investigative Staff (1) d. NIC Training E-Course, Investigating Sexual Abuse in a Confinement Setting <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff</p> <ul style="list-style-type: none"> 1. Facility Investigator (1) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.234 (a). Per the agency’s Policy Number 208.06 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 GDOC’s Operations of Professional Standards office for investigation. The interview with investigative staff revealed she received specialized training in January 2023, February 2020, August 2018, May 2017, and February 2015. 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.</p> <p>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:</p> <ul style="list-style-type: none"> - 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. <p>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</p>

Investigating Sexual Abuse in a Confinement Setting.

115.234 (c). Review of investigative staff training files for one investigator at Clayton Transitional Center 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
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1473 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.235:</p> <ol data-bbox="280 456 1377 654" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Training Documentation - Medical and Mental Health Staff (2) 4. Well Path Curriculum <p data-bbox="280 694 1430 730">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 770 517 801">Specialized Staff</p> <ol data-bbox="280 842 711 878" style="list-style-type: none"> 1. Medical Staff (1) (Well Path) <p data-bbox="280 913 1437 990">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1025 1437 1312">115.235 (a) Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (P. 23), stipulates in part, "all GDOC medical staff members who have contact with offenders received the same training all other staff members receive thru annual PREA In-service Training. Clayton Transitional Center does not employ mental health staff mental health services are provide at Georgia Diagnostic Classification Prison in Jackson, Georgia.</p> <p data-bbox="280 1348 1453 1509">In response to the PAQ the facility indicated it has (2) two medical staff at the facility and they individual received the required training. The interview with medical staff indicated she received specialized training as well as, attends annual In-service training provided by the facility.</p> <p data-bbox="280 1545 911 1581">Specialized training contains information on:</p> <ul data-bbox="280 1617 1437 1859" style="list-style-type: none"> - 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 <p data-bbox="280 1895 1417 2056">The auditor verified through the training logs 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.</p>

115.235 (b) The interview with medical staff revealed they do not conduct forensic examinations at the facility and all forensic examinations are conducted by Sexual Assault Response Team 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 GDOC contracted SANE's at the facility at the facility or local hospital emergency room depending upon the injuries the inmate incurred. The interviewed staff indicated staff are required to complete specialized training through Well Path.

The auditor reviewed a sampling of medical staff training documentation and confirmed medical staff have completed the specialized training.

115.235 (c) In responses 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 position-specific specialized training.

115.235 (d) Medical staff receives 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
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.241:</p> <ol style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. PREA Screening Tools (35) 4. Inmate Files (35) <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff who conduct Risk Screening 4. Random Sample of Confined persons (29) 5. Targeted Confined person with a hearing disability (1) <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p> <p>Observation of PREA Risk Screening Assessment</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.241 (a). Per GDOC policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 19), all confined persons are required to be assessed during intake screening and upon transfer to another facility for their risk of being sexually abused by other confined persons or sexually abusive toward other confined persons.</p> <p>The interview with a staff member that was responsible for conducting risk assessments indicated they are conducted on all incoming confined persons. The interviews with a random sampling of confined persons revealed risk assessment are completed upon arrival to the facility; most did not remember being asked the questions on the Screening Instrument.</p> <p>The screen-er reviewed file documentation in SCRIBE prior to meeting with the confined person so she had knowledge of his sexual background before interviewing. Risk assessments are conducted in a private office without the possibility of other confined persons or staff overhearing the information shared.</p>

115.241 (b). Per GDOC policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 23), stipulates risk screening will be conducted within 24 hours of arrival at the facility. The facility reported in its response to the PAQ that 536 confined persons 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 confined persons of whom (22) twenty-two of twenty-nine (29) stated they received a risk assessment either the day they arrived or the day after. The auditor reviewed thirty-five (35) random files and found documentation of risk screenings within (72) hours. One (1) risk assessment was non-compliant.

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 is 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 Confined Person 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 Confined Person own perception of vulnerability.

Interview with one staff member who conducts risk screening indicated GDOC has a standard PREA Victim/Sexual Aggressive Classification Screening Questionnaire with 14 questions and/or statements for confined persons, that require a yes or no response that is utilized during intake of new or transferred confined persons. The auditor observed a risk screening and verified the screen-er asks the appropriate questions. The facility's mission does not include detaining confined persons 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 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 Confined Person 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 the 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, Policy Number 208.06 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 536 confined persons entered the facility within the past 12-months with lengths of stay in excess of 30 days and all were reassessed.

The interview with staff responsible for conducting risk assessments indicated confined persons are reassessed within 30 days of the initial assessment. The interviews with 24 random confined persons revealed the majority stated they were reassessed. The auditor reviewed documentation of thirty-five (35) PREA Screening Tools and determined most of all the reassessments were timely, however, one (1) was non-compliant.

The auditor has determined that the practice of conducting reassessments for risks of sexual victimization or aggressiveness within 30 days of confined persons' arrival to the facility has been institutionalized.

115.241 (g). Per policy, Policy Number 208.06 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 the staff responsible for conducting risk assessments who indicated reassessments are conducted for reasons; 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 Confined Person risk of sexual victimization or abusiveness. The interviews with twenty-nine (29) random confined persons revealed the majority stated they were reassessed; some could not remember the questions. 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. Counseling staff document the reasons in SCRIBE using Case Notes.

115.241 (h). Per policy, Policy Number 208.06 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 confined persons 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 Confined Person's own perception of vulnerability.

The auditor interviewed the staff member responsible for conducting risk assessments, she indicated confined persons are not disciplined for answering the questions but are encouraged to answer the questions honestly.

115.241 (i). Per policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 24) in part states, "If any information related to sexual victimization or abusiveness, including the information entered in 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 Confined Person risk assessment. Typically, the access will be granted to counselors, 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 conduct risk screening indicated there is limited access for privacy concerns.

The auditor has determined that the practice of conducting risk assessments within 72 hours, and reassessment within 30 days has been institutionalized.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.241 based upon documentation provided and interviews conducted.

	Corrective Action: (None)
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115.242	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.242:</p> <ol style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Administrative Segregation, PN 209.06, (eff. 2/7/18) 4. PREA Screening Tools 5. Inmate Files (35) 6. Brochure, PREA Standards and Information Related to Transgender/Intersex Offenders, SOP 220.09, Attachment 2, (eff. 7/26/19) 7. 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 following interview findings were considered:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Staff who conduct Risk Screening 4. Targeted Confined persons Transgender/Gay (0) <p>In order to determine compliance, the following observations were made during the on-site facility tour:</p> <p>a. Observation of shower areas</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.242 (a). GDOC policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 23) requires screening for risk of sexual victimization and abusiveness by conducted for all confined persons within 24 hours of arrival at the facility. Policy (p. 23) 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.</p> <p>The facility's Classification Committee is a multi-disciplinary committee that is</p>

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 confined persons 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 GDOC policy, Policy Number 208.06 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. 25) also requires that confined persons 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 GDOC 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 staff who performs risk assessments screenings 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). GDOC Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 25) 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." GDOC completes a Statewide Classification Committee Referral Form for all transgender and intersex confined persons to determine housing recommendations. Input is given by GDOC's PREA coordinator, medical director, mental health director, facilities director, and the assistant commissioner.

The facility has a Transgender/Intersex Brochure that is given to the confined persons that identifies as transgender or intersex 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 a Confined Person placement at the

facility would ensure his health and safety and whether management or security concerns would arise as a result of the placement. Transgender or intersex Confined Persons are housed in general population, the facility does not have dedicated housing units to house transgender and intersex Confined Persons.

115.242 (d). Facilities are required by GDOC policy, Policy Number 208.06 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 confined persons 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 confined persons are reassessed every six months and as needed.

115.242 (e). Staff account for intake screening information pertaining to a Confined Person own perception of vulnerability in making program decisions. Transgender and intersex confined persons 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 confined persons at the facility for the auditor to interview. The interviews with the PREA Compliance Manager and risk screening staff both revealed transgender or intersex confined persons' views of his or her safety are given serious consideration in placement and programming assignments.

115.242 (f). CTC allows for transgender and intersex confined persons the opportunity to shower separately from other confined persons. Observation of the facility restroom areas revealed individual showers have curtains allowing for complete privacy for all confined persons. 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 confined persons are afforded the opportunity to shower separately from other confined persons.

115.242 (g). GDOC 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) confined persons for their protection.

The interview with the PREA Coordinator revealed GDOC is prohibited from establishing dedicated facilities or housing units for LGBTI offenders and the GDOC 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 confined persons for their protection. The auditor

interviewed three LGBTI confined persons and all revealed they are in general population with other confined persons.

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
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1358 416">The following staff were interviewed to determine compliance with standard 115.251:</p> <ol data-bbox="280 456 1378 779" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Training Records of Investigative Staff 4. PREA Posters (English & Spanish) 5. Confined Person PREA Brochure (English & Spanish) 6. Staff PREA Brochure 7. Confined Person Handbook <p data-bbox="280 819 1426 855">The following staff were interviewed to determine compliance with this standard.</p> <p data-bbox="280 891 564 927">Specialized Staff (1)</p> <ol data-bbox="280 963 903 1137" style="list-style-type: none"> 1. PREA Compliance Manager 2 .Random Sample of Staff (12) 3. Random Sample of Confined Persons (29) <p data-bbox="280 1178 1465 1254">In order to determine compliance, the following observations were made during the on-site facility tour:</p> <ol data-bbox="280 1263 1453 1339" style="list-style-type: none"> a. Observations of Reporting Mechanisms - (Posters, Inmate Handbook, Brochures, Hotline Dialing Instructions, Tested Phones) <p data-bbox="280 1375 1437 1451">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1487 1481 1939">115.51 (a). GDOC policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 26) allows for Confined Persons 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 a Confined Person PIN number.</p> <p data-bbox="280 1975 1437 2051">The interviews with random staff revealed 100 percent knew of the multiple ways for Confined Persons to privately report sexual abuse and sexual harassment,</p>

retaliation by other Confined Persons 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 Confined Persons could report via a third-party, written or verbal. The interviews with a random sample of Confined Persons 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, GDOC policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (p. 26) which discusses multiple avenues for inmate reporting. Included is the 24/7 availability 64 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 GDOC. Confined Persons may also make written reports to the Georgia Office of Pardons and Paroles. Clayton Transitional Center does not detain Confined Persons solely for civil immigration purposes.

The interview with the PREA Compliance Manager revealed Confined Persons have multiple ways of reporting sexual abuse or sexual harassment to a public or private entity as noted in the inmate handbook. Confined Persons have toll free and anonymous telephonic access to Southern Crescent Sexual Assault and Child Advocacy Center. Confined Persons may report to the Governor's Ombudsman's Office who is not part of the GDOC. 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 Confined Persons revealed all knew of the different reporting avenues and they could report without giving their name. During the site review, the auditor observed Confined Persons on the facility phones in unit day rooms with nearby area Zero-Tolerance posters containing contact information for reporting.

115.51 (c). Per GDOC policy, Policy Number 208.06 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 Confined Persons 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 Confined Persons. Staff indicated

they could report to their supervisors or any upper level staff in a private office or area free of other staff or Confined Persons 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>The following documents and policy(s) were reviewed to determine compliance with standard 115.252:</p> <ol style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Statewide Grievance Procedure, PN 227.02, (eff. 5/10/19) 4. Clayton Transitional Center Confined Person Handbook <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Targeted Confined persons who Reported a Sexual Abuse (0) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.252 (a-g). GDOC Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (P. 27) 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). GDOC'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>GDOC and Clayton Transitional Center are exempt from Standard 115.252 and thus provisions (a-g) are not applicable in determining compliance as GDOC does not have administrative procedures to address confined persons' grievances of sexual abuse and sexual harassment.</p>

115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.253:</p> <ol style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Confined person Handbook 4. Memorandum of Understanding, Southern Crescent Sexual Assault and Child Advocacy Center <p>The following staff were interviewed to determine compliance with this standard:</p> <ol style="list-style-type: none"> 1. Random Confined persons (29) 2. Targeted Confined persons (1) 3. Confined persons who Reported a Sexual Abuse (0) <p>In order to decide compliance determination, the following observations were made during the on-site tour of the facility:</p> <p>Observed Posted Documents: Brochures, Posters etc.</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.253 (a). Policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 17) discusses the requirements for allowing confined person 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 confined persons. The facility provides confined persons with access to outside victim advocates for emotional support services related to sexual abuse by providing all confined persons with an informational guide (as part of the confined person handbook) and brochures describing available emotional support organizations for victims of sexual abuse. The confined person 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.</p> <p>Additionally, a dual-language confined person education and awareness brochure is given to confined persons upon arrival to the facility.</p> <p>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 confined persons revealed they were aware of the posters</p>

and they knew how to contact the Rape Crisis Center.

According to interviews with a random sampling of confined persons the majority indicated they did not recall getting the information on the victim advocacy and emotional support services available outside the facility for dealing with sexual abuse. Some of the confined persons said that the information is posted, but do not pay much attention to the information. The audit suggested staff re-educate all confined persons about the outside services available to them.

The facility has had no allegations of sexual abuse or sexual harassment during the 12-months preceding the audit.

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

115.253 (b). The facility enables reasonable communication between confined persons 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 confined person handbook indicates communication between an advocate and victim is confidential. Confined persons 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 interviews with a random sample of confined persons revealed basic understanding that calls to agencies offering emotional support would be private.

115.253 (c). Policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 17) 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 confined persons alleging sexual abuse or sexual harassment. In response to the PAQ, the facility provided documentation of a current MOU between CTC and Southern Crescent Sexual Assault and Child Advocacy Center. The agency 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 confined person victim; inform the CTC Counselor or designee of any emergency mental health needs of the confined person 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.

Mental Health services are not provided on-site, Confined Persons are provided mental health services at Georgia Diagnostic Classification Prison in Jackson, Georgia. Prior interviews conducted with Mental Health staff at GDCP.

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)

Recommendation: (1)

1. Place PREA Brochure and emotional support information in areas less subject to destruction. Information was placed in locked bulletin boards accessible to confined persons, staff and visitors prior to completion of on-site visit. Staff will also more consistently provide refresher PREA information during meetings with confined persons.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.254:</p> <ol style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. GDOC official website: http://www.GDOC.ga.gov/ 4. Confined Person Education Contact Numbers for Reporting <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.54 (a). GDOC’s policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 26 -27) 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 GDOC 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.GDOC.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 GDOC 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 tested the phones in the living units, the auditor received an email as confirmation the call was received by the PREA Unite.</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
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1473 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.261:</p> <ol data-bbox="280 456 1377 656" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. GDOC Employee Standards of Conduct 4. Staff PREA Acknowledgment Statements <p data-bbox="280 696 1430 732">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 772 564 808">Specialized Staff (3)</p> <ol data-bbox="280 848 727 999" style="list-style-type: none"> 1. Superintendent 2. PREA Coordinator 3. Medical Staff 4. Random Sample of Staff (29) <p data-bbox="280 1039 1437 1115">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1155 1473 1809">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 confined persons 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. 26) 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.</p> <p data-bbox="280 1850 1473 2092">115.261 (b). Policy Number 208.06 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</p>

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 GDOC 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 confined persons between the ages of 20 -70 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 GDOC 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. GDOC 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)

115.262	Agency protection duties
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1484 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.262:</p> <ol data-bbox="280 456 1377 613" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Coordinated Response Plan (att. 7) <p data-bbox="280 654 1430 689">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 730 564 766">Specialized Staff (2)</p> <p data-bbox="280 801 504 869">Agency Head Superintendent</p> <p data-bbox="280 882 716 918">Random Sampling of Staff (12)</p> <p data-bbox="280 954 1437 1030">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1066 1481 1473">115.262 (a). Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 27) addresses the facility's Coordinated Response Plan and steps to follow upon learning of a sexual misconduct allegation. The Coordinated Response Plan identifies the first requirement is to separate the alleged abuser from the alleged victim in tandem with reporting the incident. The Coordinated Response Plan identifies the first and foremost step following reporting the incident is to separate the alleged abuser from the alleged victim. At the Clayton Transitional Center, 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.</p> <p data-bbox="280 1527 1477 1644">In response to the PAQ, the facility reported there were zero (0) number of times the agency or facility determined that a confined person was subject to a substantial risk of imminent sexual abuse.</p> <p data-bbox="280 1680 1481 2087">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 confined persons and move the victim to a safe place in view of staff. The interviews with the agency head and superintendent indicated GDOC 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 confined persons for cooperation will be disciplined per GDOC discipline policies. Upon learning of substantial risk of imminent sexual abuse, protective actions taken to protect the confined person include immediately shielding the confined person (s) from any</p>

further or pending abuse by separating the confined person 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
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1474 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.263:</p> <ol data-bbox="280 456 1378 573" style="list-style-type: none"> <li data-bbox="280 456 1043 492">1. Clayton Transitional Center Pre-Audit Questionnaire <li data-bbox="280 497 1378 573">2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) <p data-bbox="280 613 1430 649">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 685 564 721">Specialized Staff (2)</p> <p data-bbox="280 757 504 833">Agency Head Superintendent</p> <p data-bbox="280 869 1442 945">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 981 1474 1433">115.263 (a). GDOC Policy, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (pp. 27-28) requires in cases where there is an allegation that sexually abusive behavior occurred at another GDOC facility, the warden/designee of the victim’s current facility is required to provide notification to the warden of the identified institution and GDOC’s PREA Coordinator. In cases alleging sexual abuse by staff at another institution, the warden of the confined person’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 data-bbox="280 1469 1474 1715">115.263 (b). GDOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 28) 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 data-bbox="280 1751 1474 1953">115.263 (c). GDOC Policy, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 28) and Local Policy Procedure require notifications to be documented. In response to the PAQ, the facility documented there were zero(0) allegations during the past 12 months in which an inmate at this facility alleged sexual abuse at another facility.</p> <p data-bbox="280 1989 1442 2065">115.263 (d). GDOC Policy, 208.6, Prison Rape Elimination Act, Sexually Abusive Behavior Prevention and Intervention Program (p. 28) requires the facility head or</p>

GDOC 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 GDOC 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. GDOC's Statewide PREA Coordinator also serves as a point of contact. External reports of sexual abuse or sexual harassment is 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
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1473 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.264:</p> <ol data-bbox="280 456 1377 613" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Clayton Transitional Center Coordinated Response Plan <p data-bbox="280 654 1430 689">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 730 564 766">Specialized Staff (2)</p> <p data-bbox="280 801 504 878">Agency Head Superintendent</p> <p data-bbox="280 913 1437 990">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1025 1473 1774">115.264 (a). Georgia DOC Policy, 208.06, describes, in detail, actions to take upon learning that an inmate has been the victim of sexual abuse. Actions described included the expectations for non-security first responders. Policy and local operating procedures require that upon learning of an allegation that an inmate was sexually abused, the first security staff to respond to the report is to respond in the following manner: 1) Separate the alleged victim and abuser 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in compliance with SOP IK01-0005, Crime Scene Preservation; 3) If the abuse occurred within 72 hours 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; 4) If the abuse occurred within 72 hours ensure that the alleged abuser does not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking or eating; 5) If the first responder is not a security staff, the responder is required to request that the alleged victim not take any actions that could destroy physical evidence, and notify security staff immediately. The Sexual Assault Response Team will be notified and will implement the local protocol.</p> <p data-bbox="280 1809 1473 2087">The Local Operating Procedure Directive and the Clayton Transitional Center 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 GDOC 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.</p>

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

The Superintendent related, the facility has a Coordinated Response Plan to ensure that during an emergency, the Coordinated Response Plan serves as the Emergency Plan, like other emergency plans required for secure facilities and the GDOC Sexual Assault Response Checklist serves as a coordinated response plan as well.

Interviewed investigators stated after a report of sexual abuse has been received, the investigation process would begin immediately and would only be delayed if the allegation was reported through a third party.

The Local Operating Directive provides guidance in notifying all parties when there is an allegation of sexual abuse. After the shift supervisor notifies the Warden and the Duty Officer, the Sexual Assault Response Team is notified. The directive provides ready reference names and phone numbers. The SART is composed of the PREA Compliance Manager/SART Leader, a representative from medical and from counseling; the facility victim advocate and the Special Agent in Charge at the Regional Office is notified.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.264 based upon documentation provided and interviews conducted.

Corrective Action: (None)

115.265	Coordinated response
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1473 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.265:</p> <ol data-bbox="280 456 1377 658" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (Eff. 6/23/2022) 3. Coordinated Response Procedures 4. Sexual Abuse Response Checklist, attachment 6 <p data-bbox="280 698 1430 734">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 775 564 810">Specialized Staff (1)</p> <p data-bbox="280 851 504 887">Superintendent</p> <p data-bbox="280 927 1437 1003">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1043 1465 1267">115.265 (a). GDOC’s Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 28) 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 data-bbox="280 1308 1477 1756">The Local Operating Procedure Directive and the Clayton Transitional Center 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 GDOC 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 GDOC 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 data-bbox="280 1796 1445 1912">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 data-bbox="280 1953 1437 2029">Upon auditor review of the Coordinated Response Plan, the auditor requested the facility to complete the following information on the Coordinated Response Plan:</p>

- | | |
|--|--|
| | <ol style="list-style-type: none">1. Explain the use of victimization screening results at this facility2. Safe Housing3. Identifying "at risk" Inmates at this facility |
|--|--|

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.265 based upon documentation provided and interviews conducted.

Corrective Action: None

115.266	Preservation of ability to protect residents from contact with abusers
	<p data-bbox="280 237 1007 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 315 579 349">Auditor Discussion</p> <p data-bbox="280 394 1474 461">The following documents and policy(s) were reviewed to determine compliance with standard 115.266:</p> <p data-bbox="280 506 1043 539">1. Clayton Transitional Center Pre-Audit Questionnaire</p> <p data-bbox="280 573 1430 607">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 640 576 674">Specialized Staff: (1)</p> <p data-bbox="280 719 469 752">Agency Head</p> <p data-bbox="280 786 1437 864">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 898 1469 1066">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 data-bbox="280 1099 1458 1178">The interview with the agency head verified GDOC has not engaged with collective bargaining with employees.</p> <p data-bbox="280 1211 1350 1245">115.266 (b) The auditor is not required to audit PREA Provision 115.266 (b).</p> <p data-bbox="280 1279 1469 1312">Current operations and practices meet the requirements of PREA Standard 115.266.</p> <p data-bbox="280 1402 616 1435">Corrective Action: None</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1481 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.267:</p> <ol data-bbox="280 454 1414 736" style="list-style-type: none"> <li data-bbox="280 454 1043 488">1. Clayton Transitional Center Pre-Audit Questionnaire <li data-bbox="280 495 1414 571">2. Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) <li data-bbox="280 577 1378 696">3. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, CTC Local Policy Directive and Coordinated Response Plan (Att. 7) <li data-bbox="280 703 804 736">4. GDOC Retaliation Monitoring Form <p data-bbox="280 817 1430 851">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 889 564 922">Specialized Staff (3)</p> <p data-bbox="280 960 1011 1162">Agency Head (previous interview) Superintendent Staff Member Charged with Retaliation Monitoring Targeted Confined persons (1) Confined persons Who Reported a Sexual Abuse (0)</p> <p data-bbox="280 1200 1437 1276">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1314 1481 1933">115.267 (a). GDOC Policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (PP. 28-29) addresses GDOC’s commitment to protect all confined persons and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other confined persons or staff. Policy in part stated, “The Department will protect confined persons and staff members who report sexual abuse, or Sexual Harassment from retaliation anyone who retaliates against a staff member or a confined person 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.</p> <p data-bbox="280 1971 1437 2089">115.267 (b). Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, Local Policy Directive and Coordinated Response Plan addresses confined person protection measures.</p>

GDOC's multiple protection measures include housing changes or transfers, removal of alleged staff members or confined person abusers from contact with victims, and emotional support services for confined persons and/or staff members who fear retaliation for reporting or for cooperating with investigations.

The interview with the agency head 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. GDOC's zero-tolerance for retaliation is a deterrent for individuals that retaliate on staff or confined persons 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 GDOC Retaliation Monitoring Form. For staff she would review post assignments, changes in shifts, performance reports and any disciplinary reports. There were no confined persons who alleged sexual abuse to interview.

115.267 (c). Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, Local Policy Directive and Coordinated Response Plan, attachment 7, addresses confined person 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 confined persons and staff to see any changes to indicate possible retaliation and to remedy any retaliation. Monitoring includes the following: review of confined person 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 confined persons will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDOC Form 90 Day confined person Sexual Abuse Review Checklist. The checklist is completed for each confined person being monitored. The Georgia Department of Corrections 90 Day confined person Sexual Abuse Review Checklist includes documenting the reviews of the following at 30, 60 and 90 days:

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

Interviews conducted with the retaliation monitor revealed monitoring takes place for an initial 90 days but can be extended if circumstances warrant continued

monitoring.

In response to the PAQ, the facility reported zero instances of retaliation in the last 12 months. The confined person 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 confined persons will be conducted. The obligation for monitoring terminates if the allegation is unfounded. Policy requires that monitoring is documented on the GDOC Form 90 Day Confined person Sexual Abuse Review Checklist. The checklist is completed for each confined person being monitored. The interview with the retaliation monitor revealed she conducts random check ins with confined persons 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 confined person or staff, fears retaliation for cooperating with investigations, protective measures will be instituted. All allegations are monitored for retaliation and GDOC'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 115.267.

Corrective Action: (None)

115.271	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.271:</p> <ol style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Sexual Abuse Incident Review Form 4. Investigative Staff Training Records 5. Administrative Investigation Reports <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (3)</p> <ol style="list-style-type: none"> 1. Superintendent 2. Facility Investigative Staff 3. PREA Coordinator 4. Targeted Confined persons Who Reported a Sexual Abuse (0) <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 GDOC Policy Number 208.06 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> <p>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 confined person 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.</p> <p>115.271 (b). GDOC's Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 23) requires specialized training for members of the Sexual Abuse Response Team and</p>

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). GDOC'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 GDOC's OPS. During this audit cycle there was no allegation of sexual abuse or sexual harassment.

115.271 (d). Special Agents, 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). GDOC's PREA policy (p. 31) 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 confined person or staff member. A confined person 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 confined person, and just because the individual is an confined person 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 no confined person who reported a sexual abuse or sexual harassment occurring at this facility during this audit cycle.

115.271 (f). GDOC's PREA policy (p. 32) 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. There have no allegations of sexual abuse during the 12-months preceding the audit.

115.271 (g). PREA policy (p. 32) 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". Sexual abuse investigations that appear to be criminal in nature are turned over to OPS for investigation. The interview with the facility investigator revealed the facility does not conduct criminal investigations. However, staff provides 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.

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 was referred for prosecution since August 20, 2012. The facility has had no allegations of sexual abuse or sexual harassment since the last PREA audit.

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. 32).

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). GDOC 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.

	<p>Current operations and practices meet the requirements of PREA Standard 115.271.</p>
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Corrective Action: (None)

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.272:</p> <ol style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Administrative Investigative Report <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <p>Facility Investigator</p> <p>The following describes how the evidence above was used to draw the conclusion regarding compliance:</p> <p>115.272 (a). GDOC’s PREA policy (p. 30), 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>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>The auditor finds the facility in compliance with PREA Provision 115.272 based upon interviews documentation provided.</p> <p>Corrective Action: None</p>

115.273	Reporting to residents
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1485 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.273:</p> <ol data-bbox="280 465 1378 707" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offender, SOP IK01-0006 (eff. 12/5/05) 4. PREA Disposition Offender Notification Form <p data-bbox="280 748 1430 784">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 819 564 855">Specialized Staff (2)</p> <ol data-bbox="280 891 1230 1008" style="list-style-type: none"> 1. Superintendent 2. Investigator 3. Targeted Confined persons who Reported a Sexual Abuse (None) <p data-bbox="280 1043 1437 1120">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1155 1461 1397">115.273 (a). Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 27), requires confined persons who are in GDOC 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.</p> <p data-bbox="280 1433 1485 1554">115.273 (b). GDOC Policy (p. 27) stipulates if investigations are forwarded to OPS for investigation, the facility will notify the confined person of the outcome upon completion.</p> <p data-bbox="280 1590 1410 1711">In response to the PAQ, the facility reported no criminal and/or administrative investigations of alleged confined person sexual abuse were completed past 12 months.</p> <p data-bbox="280 1747 1477 2078">115.273 (c). GDOC Policy (p. 27), requires confined persons who are in GDOC 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. GDOC utilizes the PREA Disposition Offender Notification Form to inform confined persons of the outcomes of investigations.</p>

If the allegations involved a staff member, the staff making the notification will inform the confined person 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 confined person in the past 12 months.

115.273 (d). Policy requires if the allegation involved another confined person, 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 confined persons who reported a sexual abuse at the facility that required notification under the above circumstances. There were no confined persons who reported a sexual abuse by another confined person at the facility for interview.

115.273 (e). GDOC 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. GDOC utilizes the PREA Disposition Offender Notification Form to inform confined persons of the outcomes of investigations.

115.273 (f): An agency's obligation to report under this standard shall terminate if the resident is released from custody.

In response to the PAQ, the facility reported zero notifications to confined persons were provided pursuant to this standard. There were no allegations of sexual abuse or sexual harassment during the 12-months preceding the audit.

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

Corrective Action: None

115.276	Disciplinary sanctions for staff
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1473 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.276:</p> <ol data-bbox="280 454 1414 779" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. GDOC Commissioner’s Statement Prohibiting Unlawful Harassment (Including Sexual Harassment) 4. GDOC Sexual Assault/Sexual Misconduct Acknowledgement Statement 5. GDOC Employee Standards of Conduct Acknowledgement Statement 6. GDOC PREA Acknowledgement Statement <p data-bbox="280 831 1437 907">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 945 1481 1189">115.276 (a). The auditor reviewed Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy which addresses discipline for staff. Policy (p. 33) requires that staff who engages in sexual abuse with an confined person are banned from GDOC correctional institutions or subject to disciplinary action, up to and including, termination, whichever is appropriate.</p> <p data-bbox="280 1227 1437 1303">The auditor finds the facility in compliance with PREA Provision 115.276 (a) based upon documentation provided.</p> <p data-bbox="280 1341 1453 1498">115.276 (b). The presumptive disciplinary sanction for staff who engages in sexual abuse as noted on page 33 of GDOC’s Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy is termination.</p> <p data-bbox="280 1536 1461 1693">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.</p> <p data-bbox="280 1731 1461 1807">There were no records of terminations, resignations, or other sanctions for violating the sexual abuse or sexual harassment policies to review.</p> <p data-bbox="280 1845 1437 1921">The auditor finds the facility in compliance with PREA Provision 115.276 (b) based upon documentation provided.</p> <p data-bbox="280 1960 1477 2078">115.276 (c). Violations of GDOC 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</p>

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 has been disciplined, short of termination for violations of CTC's sexual abuse or sexual harassment policies.

115.276 (d). Referencing GDOC'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 GDOC 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: GDOC Commissioner's Statement Prohibiting Unlawful Harassment (Including Sexual Harassment), GDOC Sexual Assault/Sexual Misconduct Acknowledgement Statement, GDOC Employee Standards of Conduct Acknowledgement Statement, and GDOC 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 has 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
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1474 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.277:</p> <ol data-bbox="280 456 1449 698" style="list-style-type: none"> <li data-bbox="280 456 1043 492">1. Clayton Transitional Center Pre-Audit Questionnaire <li data-bbox="280 497 1378 573">2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) <li data-bbox="280 577 1449 698">3. Sexual Assault/Sexual Misconduct Prison Rape Elimination Act (PREA) Education Acknowledgment Statement for Employees and Unsupervised Contractors and Unsupervised Volunteers <p data-bbox="280 734 1430 770">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 806 564 842">Specialized Staff (1)</p> <p data-bbox="280 878 504 913">Superintendent</p> <p data-bbox="280 949 1465 1442">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):115.277 (a). GDOC’s Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 34) requires that any contractor or volunteer who engages in sexual abuse will be prohibited from contact with confined persons 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 GDOC 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.</p> <p data-bbox="280 1478 1481 1684">115.277 (a): GDOC’s Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 34) requires any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p data-bbox="280 1720 1481 1881">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 confined persons. As such, there was no documentation of referrals to law enforcement and/or relevant licensing bodies to review.</p> <p data-bbox="280 1917 1481 2078">115.277 (b). GDOC’s Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 34) requires the facility to take appropriate remedial measures, and consider whether to prohibit further contact with confined persons, in the case of any other violation of</p>

GDOC sexual abuse or sexual harassment policies by a contractor or volunteer. The interview with the superintendent revealed any contractor or volunteer who violates GDOC sexual abuse and sexual harassment policies are prohibited from working with confined persons 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 data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1481 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.278:</p> <ol data-bbox="280 454 1481 779" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Offender Discipline, SOP 209.01 4. SOP 209.01, Offender Discipline, Authorized Discipline Sanctions List, Attachment 5 5. SOP 209.01, Offender Discipline, MH/MR Evaluation for Disciplinary Action, Attachment 9 <p data-bbox="280 817 1430 851">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 889 564 922">Specialized Staff (2)</p> <ol data-bbox="280 960 539 1037" style="list-style-type: none"> 1. Superintendent 2. Medical Staff <p data-bbox="280 1075 1437 1151">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1189 1485 1599">115.278 (a). GDOC Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program policy (p. 34) requires confined persons be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the confined person engaged in confined person-on-confined person sexual abuse or a criminal finding of guilt for confined person-on- confined person sexual abuse. These sanctions shall be imposed in accordance with SOP 209.01, Confined person Discipline and Attachment 5 of said policy, Authorized Discipline Sanctions List. Further, GDOC prohibits all consensual sexual activity between confined persons, and confined persons may be subject to disciplinary action for such activity.</p> <p data-bbox="280 1637 1465 1839">In response to the PAQ, the facility reported there were zero administrative findings of confined person-on-confined person sexual abuse have occurred at the facility during the past 12 months. The facility further reported there were zero criminal findings of guilt for confined person-on-confined person sexual abuse that have occurred at the facility. There were no disciplinary reports for the auditor to review.</p> <p data-bbox="280 1877 1485 2033">115.278 (b). CTC’s PREA Implementation Manual (p. 34) stipulates in part, “Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the confined person’s disciplinary history, and the sanctions imposed for comparable offenses by other confined persons with similar histories.”</p>

The interview with the superintendent related sanctions are commensurate with the nature and circumstances of the abuse committed. Facility transfers, additional time added to a confined person's sentence and loss of privileges are examples of possible sanctions. The superintendent also noted there have been no disciplinary reports written for confined person-on- confined person sexual abuse during this audit cycle.

115.278 (c). GDOC's PREA policy (p. 35) requires the agency's discipline process to consider whether the confined person's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. The facility uses GDOC's MH/MR Evaluation for Disciplinary Action form to evaluate a confined person's mental health status. The interview with the superintendent revealed the facility would take a confined person'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 confined person-on-confined person sexual abuse during this audit cycle.

115.278 (d). GDOC PREA policy (p. 35) 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. Mental Health services are provided at the Georgia Diagnostic and Classification Prison in Jackson, Georgia.

115.278 (e): GDOC PREA policy (p. 35) addresses the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

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). GDOC 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. GDOC'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). GDOC's PREA policy (p. 35) stipulates in part, "The Department prohibits all consensual sexual activity between confined persons, and confined

persons may be subject to disciplinary action for such activity". Consensual (non-coerced) sexual activity between confined persons does not constitute sexual abuse but, is considered a disciplinary issue. All instances of sexual contact between confined persons will be treated as non-consensual unless proven otherwise during the course of an investigation. There were no confined person disciplinary reports for sexual activity between confined persons to review during this audit cycle.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.278 based upon documentation provided and interviews conducted.

Corrective Action: None

115.282	Access to emergency medical and mental health services
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1485 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.282:</p> <ol data-bbox="280 456 1485 694" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, PN 508.22 (eff. 5/3/18) 4. Inmate Handbook <p data-bbox="280 734 1430 770">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 810 564 846">Specialized Staff (2)</p> <ol data-bbox="280 887 1174 999" style="list-style-type: none"> 1. First Responders (Security Staff) 2. Medical Staff 3. Targeted Confined persons who Reported a Sexual Abuse (0) <p data-bbox="280 1039 1437 1115">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1155 1469 1644">115.282 (a). Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36) 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 GDOC 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 data-bbox="280 1684 1469 2047">CTC has medical services on-site. CTC does not have mental health services on-site. Confined persons in need are transferred to the Georgia Diagnostic and Classification Prison where mental health services are provided. The interview with medical health services administrator confirmed immediate care and crisis intervention for confined persons are conducted at the facility following an allegation of sexual abuse or prior victimization of sexual abuse. If emergency care is necessary for a confined person they are taken either to the local hospital or Georgia Diagnostic and Classification Prison for care and treatment. There were no confined persons who reported a sexual abuse at the facility to interview.</p>

115.282 (b). Qualified medical professionals are on site at CTC. However, staff responds 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 GDOC's Medical Management of Suspected Sexual Assault, Abuse or Harassment policy (p. 5). GDOC 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 confined persons 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

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with standard 115.83:</p> <ol style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, PN 508.22 (eff. 5/3/18) 4. Medical Management of Suspected Sexual Assault, Abuse or Harassment, RN VH82-0002 (eff. 9/1/01) 5. Inmate Handbook 6. CTC's PREA Local Procedure Directive and Coordinated Response Plan, Attachment 7 (eff. 6/23/2022) 7. GDOC Procedure for Sane Nurse Evaluation/Forensic Collection 8. Scope of Treatment Services, PN507.04.07 (eff. 3/29/18) <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (4)</p> <ol style="list-style-type: none"> 1. First Responders (Security Staff) 2. SAFE/SANE (previous interview) 3. Medical Staff 4. PREA Compliance Manager 5. Targeted Confined persons who Reported a Sexual Abuse (0) <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.283 (a). GDOC 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 confined persons 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.</p> <p>There were no allegations of sexual abuse that occurred at the facility during the 12-months preceding the audit.</p>

115.283 (b). GDOC 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 confined persons who reported a sexual abuse at the facility to interview.

115.283 (c). The interview with medical staff indicated the level of care confined persons receive in the GDOC 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 confined persons revealed no issues or concerns with the medical department.

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

115.283 (e). CTC houses only male confined persons 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 confined persons who reported a sexual abuse at the facility for the auditor to interview.

115.283 (g). Policy Number 208.06 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 confined person was expected to pay for any services related to the abuse.

115.283 (h). GDOC Policy requires that the facility attempt to conduct a mental health evaluation of all known confined person on confined person 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
	<p data-bbox="280 188 1038 221">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1481 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.286:</p> <ol data-bbox="280 454 1377 611" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. GDOC's Sexual Abuse Incident Review Checklist, (Att. 9) <p data-bbox="280 651 1430 685">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 723 564 757">Specialized Staff (3)</p> <ol data-bbox="280 795 699 909" style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Incident Review Team <p data-bbox="280 949 1437 1025">The following describes how the evidence above was used to draw the conclusion regarding Compliance (By Provision):</p> <p data-bbox="280 1064 1477 1514">115.286 (a). GDOC's PREA policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36) 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 were completed at the facility during the past 12 months.</p> <p data-bbox="280 1554 1477 1921">115.286 (b). GDOC's PREA policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36) 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.</p> <p data-bbox="280 1933 1422 2047">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>

115.286 (c). GDOC's PREA policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36), 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). GDOC's, policy, Policy Number 208.06 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). GDOC'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 exceeds the requirements of PREA Standard 115.286 based upon documentation provided and interviews conducted.

The standard is rated exceeds, utilizing funding form the BJA-2020-17233 grant, the agency has added a module to the SCRIBE, the GDOC offender data management

system that allows each facility's SART investigator to upload PREA investigations for the PREA Unit's review. Items can be uploaded to include photos and multiple document formats; this will allow for better central office review. Using this storage method also ensures a centralized and permanent retention of investigations.

In addition, a portion of the funding was utilized to reach-out to the PREA Auditors of America (PAOA) to review the agency's investigations processes; the PAOA developed a training program to assist the agency in addressing identified areas of concerns. PAOA provided train-the-trainer training to the GDOC PREA Unit. This unit is responsible for providing training for Agency PREA Compliance Managers and SART investigators.

Corrective Action: (None)

115.287	Data collection
	<p data-bbox="280 188 1038 221">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1481 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.287:</p> <ol data-bbox="280 454 1378 613" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. GDOC's Sexual Abuse Incident Review Checklist, (Att. 9) <p data-bbox="280 651 1430 685">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 723 564 757">Specialized Staff (3)</p> <ol data-bbox="280 795 700 909" style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Incident Review Team <p data-bbox="280 947 1437 1023">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1061 1481 1514">115.287 (a). GDOC's PREA policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36) 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 were completed at the facility during the past 12 months.</p> <p data-bbox="280 1552 1481 1921">115.287 (b). GDOC's PREA policy, Policy Number 208.06 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.</p> <p data-bbox="280 1960 1425 2036">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>

115.287 (c). GDOC's PREA policy, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36), defines a facility's Sexual Abuse Incident Review Team (SAIRT) is a team that consists of upper-level management representatives. The SART 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 participates in all reviews.

115.287 (d). GDOC's, policy, Policy Number 208.06 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). GDOC'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.

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 exceed the requirements of PREA Standard 115.287 based upon documentation provided and interviews conducted.

This standard is rated "exceeds" because of the sophisticated reports the GDOC PREA Analyst generates in support of the PREA Audit process. In addition to the monthly reports of sexual abuse/sexual harassment submitted to the PREA Unit from which the Annual Report is compiled, the PREA Analyst secures a report of disabled inmates/ inmates for the auditor prior to each audit, enabling the auditor to identify inmates who are hearing or visually impaired or otherwise disabled. Also, prior to each audit the PREA Analyst provides the auditor with a report of all calls to the PREA Hotline during the past twelve (12) months. Where names are associated with the hotline calls, these are provided to the auditor.

Corrective Action: (None)

115.288	Data review for corrective action
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1484 416">The following documents and policy(s) were reviewed to determine compliance with this standard:</p> <ol data-bbox="280 456 1453 779" style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. GDOC Annual PREA Report (2014, 2021) 4. Department of Justice (DOJ) Survey of Sexual Victimization (SSV-2) State Prisons Systems Summary Form 5. Agency Website: www.dcor.ga.state.us> 6. Annual PREA Reports FY 2020-2022 <p data-bbox="280 819 1430 855">The following staff were interviewed to determine compliance with this standard:</p> <p data-bbox="280 891 564 927">Specialized Staff (2)</p> <ol data-bbox="280 963 568 1039" style="list-style-type: none"> 1. Agency Head 2. PREA Coordinator <p data-bbox="280 1075 1437 1151">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 1187 1477 1684">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, Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (p. 36) 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 confined person 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 data-bbox="280 1720 1481 2092">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 dispositions with an emphasis on substantiated allegations. Additionally, the agency has a dedicated, full-time PREA Analyst that compiles data reviews for trends relating to sexual abuse</p>

and sexual harassment.

115.288 (b). The auditor reviewed the agency's PREA Annual Reports for 2014 and 2021 which were based on the Survey of Sexual Victimization Forms. The reports included a comparison of the current year's data and corrective actions with those from prior years (2022-2021) and provided an assessment of progress made in addressing sexual abuse. The agency PREA Coordinator tracks the progress of the investigations with the facility.

During calendar year 2020, there were 1,421 PREA allegations reported at our GDC operated and contracted facilities. Of those 1,421 allegations, 312 (22%) were Staff-to-Inmate Harassment; 230 (16%) were Staff-to-Inmate Abuse; 407 (29%) were Inmate-to-Inmate Harassment; and 472 (33%) were Inmate-to-Inmate Abuse.

During calendar year 2021, there were 1,131 PREA allegations reported at our GDC operated and contracted facilities. Of those 1,131 allegations, 558 (49%) were unsubstantiated; 401 (36%) were unfounded; 133 (12%) were deemed not PREA; 39 (3%) were substantiated; and none are pending investigation.

The 2021 Annual PREA Report indicated there was a decrease, from 1421 (2020) to 1131 (2021), in the number of allegations compared to last year and substantiated cases decrease from 814(2020) to 626 (2021). 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 2012 to 2021.

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 GDOC, staff, and/or confined persons would be redacted. Redacted information can include, but is not limited to personal identifiers for confined persons 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
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following documents and policy(s) were reviewed to determine compliance with standard 115.289:</p> <ol style="list-style-type: none"> 1. Clayton Transitional Center Pre-Audit Questionnaire 2. Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, (eff. 6/23/2022) 3. GDOC Agency Website (http://www.dcor.state.ga.us/) <p>The following staff were interviewed to determine compliance with this standard:</p> <p>Specialized Staff (1)</p> <ol style="list-style-type: none"> 1. PREA Coordinator <p>The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p>115.289 (a). In response to the PAQ, the facility indicated GDOC 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.</p> <p>115.289 (b). In response to the PAQ, the facility indicated GDOC 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 2020 and 2021 Annual PREA Reports on the agency’s website.</p> <p>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 2020 and 2021 Annual PREA Reports and found no personal identifiers.</p> <p>115.289 (d). Policy Number 208.06 Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program (pp. 36-37) 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.</p> <p>The auditor has determined current operations and practices meet the requirements of PREA Standard 115.289 based upon documentation provided and interviews conducted.</p> <p>Corrective Action: None</p>

115.401	Frequency and scope of audits
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1473 416">The following documents and policy(s) were reviewed to determine compliance with standard 115.401:</p> <p data-bbox="280 454 451 488">Documents:</p> <ol data-bbox="280 526 1473 602" style="list-style-type: none"> <li data-bbox="280 526 1043 560">1. Clayton Transitional Center Pre-Audit Questionnaire <li data-bbox="280 566 1473 602">2. Georgia Department of Corrections Agency Website (http://www.dcor.state.ga.us/) <p data-bbox="280 640 1437 716">The following describes how the evidence above was used to draw the conclusion regarding compliance (By Provision):</p> <p data-bbox="280 754 1473 1039">115.401 (a). GDOC 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 March 23, 2020. The auditor reviewed the agency’s website, http://www.dcor.state.ga.us/, and verified CTC had a PREA audit in June 2017. The PREA Coordinator also related to the auditor that all GDOC facilities are undergoing 1st Cycle PREA audits.</p> <p data-bbox="280 1077 1473 1697">GDOC Policy, Prison Rape Elimination Act-PREA, Sexually Abusive Behavior Prevention and Intervention Program, (pp. -37) 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 confined persons) 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="280 1736 1473 1812">115.401 (b). The auditor reviewed the agency’s website, and verified they had PREA audits in March of 2020 and June of 2017.</p> <p data-bbox="280 1850 1437 1926">115.401 (h). The auditor was provided unfettered access to all areas of the facility during this PREA audit.</p> <p data-bbox="280 1964 1437 2040">115.401 (i). The auditor received documents as requested, including those stored electronically.</p>

115.401 (m). The auditor was provided a space for private, interviews with confined persons and staff during this PREA audit.

115.401 (n). Notice of the PREA Audit was posted 45 days in advance of the onsite audit. The facility provided written confirmation of the posting. The auditor observed the notices posted throughout the facility. Confined persons were not prohibited from sending confidential information or correspondence to the auditor, unopened and sealed. The auditor received no correspondences from any confined person, staff member, contractors, volunteer, or other outside interested parties.

The auditor has determined current operations and practices meet the requirements of PREA Standard 115.401 based upon documentation provided.

Corrective Action: (None)

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following documents and policy(s) were reviewed to determine compliance with this standard 115.403:</p> <ol style="list-style-type: none">1. Pre-Audit Questionnaire (PAQ)2. GDOC 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.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in 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.)	yes
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?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

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

	with residents with disabilities including residents who: Have intellectual disabilities?	
	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.)	na
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.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
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).	na
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.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency 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.)	yes

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with 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