

PREA Facility Audit Report: Final

Name of Facility: Colwell Probation Detention Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/19/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Darla P. O'Connor	Date of Signature: 08/19/2024

AUDITOR INFORMATION	
Auditor name:	OConnor, Darla
Email:	doconnor@strategicjusticesolutions.com
Start Date of On-Site Audit:	07/08/2024
End Date of On-Site Audit:	07/10/2024

FACILITY INFORMATION	
Facility name:	Colwell Probation Detention Center
Facility physical address:	189 Beasley Street, Blairsville, Georgia - 30512
Facility mailing address:	189 Beasley St, Blairsville, Georgia - 305212

Primary Contact

Name:	Jennifer DeFillippes
Email Address:	jennifer.defillippes@gdc.ga.gov
Telephone Number:	7067453610

Warden/Jail Administrator/Sheriff/Director	
Name:	Darryl Cody
Email Address:	darryl.cody@gdc.ga.gov
Telephone Number:	706-745-3610

Facility PREA Compliance Manager	
Name:	Jennifer DeFillippes
Email Address:	Jennifer.DeFillippes@gdc.ga.gov
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Teresa Whiddon
Email Address:	twhiddon@wellpath.us
Telephone Number:	706-745-3610

Facility Characteristics	
Designed facility capacity:	271
Current population of facility:	246
Average daily population for the past 12 months:	198
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	18-70
Facility security levels/inmate custody levels:	Probationer
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	57
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	10
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	37

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

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

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

Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

0

Number of standards met:

45

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-07-08
2. End date of the onsite portion of the audit:	2024-07-10

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>Just Detention International was contacted and responded their database did not reflect any contact from the facility or the detainees. S.A.F.E., Inc. was contacted and confirmed they have a MOU with the facility. They provide a victim advocate when requested to accompany detainees to forensic examinations. They provide a 24/7 crisis line for detainees to call for emotional support regarding sexual abuse, past or present. They provide a 24/7 crisis line for detainees to call to report sexual abuse while at the facility. S.A.R.T. was contacted and confirmed they conduct forensic examinations, when requested by the facility. They report to the facility and conduct the examinations on-site. They have three SANE nurses. One SANE nurse is always available to conduct forensic exams when needed.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	271
15. Average daily population for the past 12 months:	198

16. Number of inmate/resident/detainee housing units:	7
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	212
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:	23
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:	2
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:	11
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0

<p>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:</p>	<p>0</p>
<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>1</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 facility population day one of the on-site audit was 212. According to the PREA Auditor Handbook this requires a minimum of ten targeted detainee interviews. The Auditor interviewed twelve targeted detainees.</p>

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
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:	57
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:	37
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:	10
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	The facility reports 47 volunteers and contractors approved to enter the facility and have contact with detainees. The volunteers and contractors are provided specific PREA training as it relates to volunteers, in addition to the GDC specific PREA training.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>The institutional count the first day of the on-site audit was 212. According to the PREA Auditor Handbook this requires a minimum of 20 detainees (10 random and 10 targeted) to be interviewed. Eleven random detainees were interviewed.</p> <p>The Auditor used the alphabetical housing unit rosters of detainees to randomly select detainees from various age groups, ethnicities, and races. The Auditor randomly chose detainees from varying housing units to interview, ensuring diversity in age and race.</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>

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

The institutional count the first day of the on-site audit was 212. According to the Auditor Handbook with a population of 212, the auditor shall interview a minimum of 10 random detainees and 10 targeted detainees.

Seventeen random detainees were interviewed. These were detainees that were not part of the targeted detainee interviews. The Auditor used the alphabetical housing unit rosters of detainees to randomly select detainees from various age groups, ethnicities, and races. The Auditor randomly chose detainees to interview, ensuring diversity in age, race, and length of sentence.

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

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

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

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

Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	12
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	3
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:	2
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:	6
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:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported there were no detainees assigned to the facility that fell into this targeted category. In informal conversations medical staff confirmed this.</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>The facility reported there were no detainees assigned to the facility that fell into this targeted category. In informal conversations the PCM confirmed this.</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>1</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>The facility reported there were no detainees assigned to the facility that fell into this targeted category. In informal conversations medical staff confirmed this.</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 reported there were no detainees assigned to the facility that fell into this targeted category. In informal conversations the PCM confirmed this. A review of the detainee roster, showed that any detainee that reported a PREA allegation was not on the current roster.</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>The facility reported there were no detainees assigned to the facility that fell into this targeted category. In informal conversations staff who conduct risk screening confirmed this.</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported there were no detainees assigned to the facility that fell into this targeted category. In informal conversations staff who supervise detainees in segregation confirmed this.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The Auditor requested and received a roster of detainees who fell into the targeted categories. The Auditor randomly chose detainees from each category to interview, ensuring diversity in age and race. Once selected each detainee was put on “call- out” with a time to report to the private space designated for interviews.</p> <p>The Auditor interviewed twelve targeted detainees.</p> <p><u>Physically Disabled (3)</u></p> <p>The physically disabled detainees reported feeling safe and did not feel at a disadvantage due to the physical disability.</p> <p><u>Cognitively Disabled (2)</u></p> <p>The detainees with cognitive disabilities indicated they had a clear understanding of the PREA guidelines and was able to explain his rights and verbalize multiple methods by which he could report an issue if necessary.</p> <p><u>Vision Impaired (6)</u></p> <p>The visually impaired detainees did not believe their visual impairments placed them at additional risk.</p> <p><u>Gay or Bisexual (1)</u></p> <p>The sole gay detainee reported being treated fairly. The detainee reported he had not been housed in a dedicated LGBTI unit. The detainee reported medical was taking care of them. The detainee reported he was not experiencing bullying or negative treatment.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>

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

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

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

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Classification Staff Mailroom Staff
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

83. Provide any additional comments regarding selecting or interviewing specialized staff.

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

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

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

C.H. Colwell Probation Detention Center is a medium-security level facility. It is located at 189 Beasley Street, Blairsville, GA 30512. The facility houses cisgender male and male-to-female transgender detainees. The facility capacity is 271. The first day of the audit there were 212 detainees in house.

The following are areas of the facility which were toured during the on-site audit.

HOUSING UNITS

Housing Unit 1: This housing unit is designated D-1 and has a capacity of 63 detainees. It is a combination of double and triple bunks in an open dorm setting. There are three cameras in the area which covers the entire dorm, sans showers and bathrooms. Officers are required to make rounds every 30-minutes in these dormitories. There are two bathrooms in the dorm. One on each side of the dorm. Each bathroom has showers behind an above average height pony wall for privacy. Due to the layout a female staff member would have to walk into the shower area to observe genitalia. The toilets are behind a standard pony wall to provide sufficient privacy. There are two showers, two toilets, three sinks and one urinal in each bathroom.

There is a separate dayroom area that has televisions, fans seating, board games, music if using headphones, wall phones, etc. A wall phone was checked and found to be in working order.

Housing Unit 2: This housing unit is designated D-2 and has a capacity of 65 detainees. It is a combination of double and triple bunks in an open dorm setting. There are three cameras in the area which covers the entire dorm, sans showers and bathrooms. Officers are required to make rounds every 30-minutes in these dormitories. There are two bathroom in the dorm. One on each side of the dorm. Each bathroom has showers behind an above average height pony wall for privacy. Due to the layout a female staff member would have to walk into the shower area to observe genitalia. The

toilets are behind a standard pony wall to provide sufficient privacy. There are two showers, two toilets, three sinks and one urinal in each bathroom.

There is a separate dayroom area that has televisions, fans seating, board games, music if using headphones, wall phones, etc. A wall phone was checked and found to be in working order.

Housing Unit 3: This housing unit is designated D-3 and has a capacity of 65 detainees. It is a combination of double and triple bunks in an open dorm setting. There is one camera in the area which covers the entire dorm, sans showers and bathrooms. Officers are required to make rounds every 30-minutes in these dormitories.

There are two bathroom in the dorm. One on each side of the dorm. Each bathroom has showers behind an above average height pony wall for privacy. Due to the layout a female staff member would have to walk into the shower area to observe genitalia. The toilets are behind a standard pony wall to provide sufficient privacy. There are two showers, two toilets, three sinks and one urinal in each bathroom.

There is a separate dayroom area that has televisions, fans seating, board games, music if using headphones, wall phones, etc. A wall phone was checked and found to be in working order.

Housing Unit 4: This housing unit is designated D-4 and has a capacity of 61 detainees. It is a combination of double and triple bunks in an open dorm setting. There is one camera in the area which covers the entire dorm, sans showers and bathrooms. Officers are required to make rounds every 30-minutes in these dormitories.

There are two bathrooms in the dorm. One on each side of the dorm. Each bathroom has showers behind an above average height pony wall for privacy. Due to the layout a female staff member would have to walk into the shower area to observe genitalia. The toilets are behind a standard pony wall to

provide sufficient privacy. There are two showers, two toilets, three sinks and one urinal in each bathroom.

There is a separate dayroom area that has televisions, fans seating, board games, music if using headphones, wall phones, etc. A wall phone was checked and found to be in working order.

Housing Unit 5 - This housing unit is designated D-5. It is a programming dorm and has a capacity of 12. There is a programming officer that works Monday through Thursday 6:30am to 4:30pm, who directs all activities of the program dorm during assigned hours.

There is one camera in the area which covers the entire dorm, sans showers and bathrooms. Officers are required to make rounds every 30-minutes in these dormitories. Housing Unit 5 houses the dog program.

There are 6 dogs in the RESCUE program and they stay in the dorm with their handlers.

There is one bathroom inside the room. There is a shower with a shower curtain for privacy.

There is a toilet and a urinal behind a barrier for privacy.

The small dayroom area had a television, wall phone, fans, dog kennels, and seating. The wall phones were checked and found to be in working order.

Isolation/Segregation - This unit has a capacity of 5. There are five single bunked cells. One camera covers the hall and the doors of cell 3, 4, 5. Holding cells 1 and 2 each are camera cells monitored by Rear Control. Officers are required to make frequent checks not to exceed 15-minute intervals.

The cells have a toilet and a sink inside the cell. The shower is outside the cell and is a single stall shower that provides adequate privacy from the opposite gender staff.

OTHER AREAS TOURED

Front Entry: Detainees are utilized as needed for janitorial duties. A camera is facing the front door.

Main Building Front Control - The main control is staffed around the clock, 24 hours a

day, 7 days a week. Cameras are in place throughout the main control area. Detainees are not allowed in this area.

Administrative Offices This area has 6 offices. There are seven cameras throughout the area. Detainees are utilized as needed for janitorial duties and are under constant supervision

Medical This area is operational 0630 to 1430 Monday through Friday. One Correctional Officer and two nurses' staff it. Medical is responsible for medical appointments, pill call, insulin and all other scheduled appointments. Security staff issue medications after hours and on weekends when medical staff are not on site. There is an on-call doctor list to be contacted as situations arise that may need medical attention and Security Supervisors have the authority to contact 911 in case of emergency. Two cameras are in the hallway and are monitored by Control 2.

Mental Health This area is operational 0800 to 1630 Monday through Friday, excluding holidays. There are three counselors. There are two cameras in hallways being monitored by Control 2.

Chief of Security -This is the Lieutenant area. There is someone in this area Monday through Friday 0800 to 1630 excluding holidays.

Main Hallway This area has one correctional officer assigned 24/7 and has a visual field of both the hallway and the dining hall.

Visitation Area Visitation is in operation each Saturday, Sunday, and all state holidays from 0900 to 1100 and 1300 to 1500 and is staffed by one Correctional Officer during hours of operation. Camera coverage: three cameras monitored in Rear Control 24/7

Rear Control This is a highly restricted area and detainee presence is prohibited. The facility camera system is monitored in this area through the utilization of monitors with view only capabilities.

Dining Hall Seven days per week, detainees are served breakfast between 0530 to 0630

and dinner between 1630 to 1730. Lunch is served Monday through Friday between 1215 and 1315 (excluding holidays). The dining hall will seat 65 detainees who are under constant supervision. One camera covers the area being monitored in front control 24/7. One correctional officer is assigned to the dining room during mealtimes

Food Service The hours of operation are Monday through Thursday 0400 to 1800, excluding holidays. Friday through Sunday and all holidays are split days, being open 0500 to 0900 and 1400 to 1800. The detainee work detail consist of 8 to 10 detainees who are under constant supervision. The area is covered by three cameras. Monitored by rear control 24/7.

One relieved non-gender specific Food Service worker. Operational hours are Monday through Thursday from 4:00 AM until 6:00 PM (excluding holidays), Friday through Sunday and all holidays is a split day being in operation from 5:00am until 9:00am closing and reopening from 2:00pm until 6:00pm. The detainee detail consists of 8 to 10 detainees working during hours of operations under constant supervision by assigned staff. The area is covered by three cameras monitored in rear control 24/7.

Detainee Store This area is open Wednesday 0900 to 1000 and 1630 to 1830. There is one store clerk assigned to this area. Detainees are not generally assigned to a work detail here, other than on delivery day. The laundry detail is used as work detail assistance for delivery days and are under constant supervision of a correctional officer. There are no cameras inside and one camera outside on the hallway monitoring the entrance door. This camera is monitored 24/7 by Rear Control.

Mailroom - This area is highly restricted. No detainees are allowed in the mailroom Any detainee with business in the mailroom is handled through an expanded metal door with the officer locked inside and the detainee on the outside. No interior camera coverage

with one camera monitoring the hallway outside the door monitored by Rear Control officer 24/7. One correctional officer is assigned to the area 0630 to 1630.

Laundry Area This area has one correctional office working Monday through Friday, excluding holidays, with three to five detainees working this area. One camera is installed in this area, and is monitored in rear control 24/7.

Barbershop This area is in operation Friday, Saturday and Sunday as needed after 1830. One correctional officer monitors this area. There are two to four detainees assigned to this detail, who are under constant supervision.

Intake Intakes take place on Monday and detainees are processed through the Shakedown building. During intake detainees are processed into the facility by a male Correctional Officer. Two cameras cover the intake areas excluding the shower and restroom area. Both monitored in Rear control.

Back Gate The back gate is in operation receiving packages Monday through Thursday 0800 to 1630 with front control monitoring the arrival of deliveries and notifying appropriate staff to report to the gate for processing.

Detail Shakedown Building - This area is for processing detainees through the shakedown area. All outside details process through the shakedown building Monday through Thursday 7:00AM to 4:30PM. There is no camera coverage inside the building, with two cameras viewing the outside area monitored in front Control 24/7.

Program Area - This area is also the visitation area. All classes and groups are conducted in this area Monday through Friday between the hours of 9:00AM and 1930. Classes and groups are monitored by one correctional officer as well as a volunteer or counselor. Three cameras monitor this area 24/7 and are viewed in Rear Control.

Building Rear Warehouse - This area is

open Monday through Thursday 0630 to 1630. Three or four detainees are assigned to the maintenance detail as needed. The maintenance detail works throughout the facility and is under constant supervision. There is no camera coverage.

Gym Area This area is used for sports as well as other activities. One correctional officer is assigned as needed when detainees are need in the area.

It is staffed by one correctional officer Monday through Friday 0600 to 1530 excluding holidays. There is no camera coverage in the gym.

Chemical Building - The chemical building is utilized Monday 0615 to 0645 and Monday through Thursday 1430 to 1600. The detainee work detail is 3 - 4 detainees working at any given time. Detainees are under constant supervision. There are no cameras on the interior of this area.

Inside Maintenance This area has one staff member working Monday through Thursday. No cameras are in this area.

Outside Detail/Ground Maintenance

This area has one Correctional Officer working Monday through Thursday 6:00am until 4:30pm. Work involving detainee labor is conducted between the hours of 7:30am until 4:00pm Monday through Thursday (excluding state holidays). The detainee work detail consists 2 to 8 detainees working at any given time under constant supervision of the assigned officer. Six exterior cameras cover the grounds that are monitored in rear control 24/7.

Recreational Yard This area is available to detainees Monday through Friday 0930 to 1130 and 1330 to 1500 and 1439 to 2000 during daylight savings time. One correctional officer is assigned during times when detainees are present. Additional staff are assigned as needed. Two cameras cover the recreational yard and are monitored by Rear Control 24/7.

Education and Programming There are several educational and programming

opportunities.

Educational - North Georgia Technical College teaches Pre-GED, Adult Basic Education and GED Testing are held Monday through Friday 0800 to 2030 in the visitation room and is monitored by one correctional officer.

OJT - RESCUED Program is held Monday - Friday between the hours of 0800 and 2030 and is monitored by one correctional officer. Automotive Detailing is held in the shop Tuesday through Friday between 0800 and 1600 and is monitored by one correctional officer.

Automotive Lite Program - This program is held in the Auto Shop on Friday from 0800 and 1530. It is taught by North Georgia tech. One correctional officer monitors it.

Reentry class is held in Dorm 1 and is 2 hours a day for one week. One correctional officer monitors it.

Matrix ERS is held in a classroom on Wednesdays & Fridays from 13:00 to 15:00 and taught by a Mental Health Counselor. One correctional officer monitors it.

Detainee Garden is seasonal and is held on facility property beside the Shop/Gym. It is Monday through Thursday between the hours of 7:30am and 4:00pm. One correctional officer staffs it.

Live Works is held in the shop/gym Tuesday through Friday between the hours of 8:00am and 4:00pm. One correctional officer staffs it.

Religious Services - Religious services are held in the visitation area and are monitored by one correctional officer. Non-Denominational services are Sunday at 1545. Jehovah Witness Bible study is Friday 0900 to 1000. Jumma-Islamic Services are Friday 1300 to 1500.

OBSERVATIONS

During the facility tour, the Auditor observed appropriate PREA signage, including the Pre-Audit Notice. Basic PREA information was posted prominently. The PREA hotline numbers were posted on the walls by the detainee telephones. Multiple telephones were tested during the on-site tour and were

found to be in working order.
Additionally, during the facility tour the Auditor looked at the facility lay-out, bathroom privacy, blind spots, placement of cameras, security mirrors, custodial staff to detainee ratio in housing units and on work assignments.
The facility has camera coverage in the most strategic areas of the facility. This security is made more robust by security mirrors enhancing detainee supervision.
The Auditor was given unimpeded and complete access to all areas of the facility.

Documentation Sampling

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

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

Yes

No

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

Personnel and Training Files:

The PAQ represents 57 facility staff. There was a total of forty record reviews conducted on staff from various categories. The records were selected by randomly choosing names from the master staff roster. There were forty training attendance and signatures reviewed. All records contained the required documentation, i.e., initial criminal history check, administrative adjudication, initial PREA education with acknowledgment form signed, PREA annual training and five-year criminal history check, when applicable.

Detainee Records:

The first day of the audit there were 212 detainees in the facility. The Auditor reviewed sixty detainee records regarding PREA education, chosen randomly from the master roster. All sixty (100%) detainee received PREA information during intake, and had comprehensive PREA education within 30-days of intake.

The Auditor reviewed thirty detainee records regarding risk assessments and reassessments, chosen randomly from the master roster. All thirty (100%) detainees had their PREA screening within 24 hours of admission. All thirty detainee were reassessed within 30 days of arrival.

Sexual Abuse and Sexual Harassment Allegations:

According to the PAQ, the facility reported three allegations of sexual abuse and one sexual harassment allegation in the past twelve months. All PREA allegations were reviewed.

The files were reviewed using the PREA audit investigative records review tool to record the following information relative to each investigative report:

Investigation Files:

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

At the time of the audit, information received

regarding the allegations of sexual abuse during the past twelve months revealed a total of three sexual abuse allegations reported.

One of the sexual abuse allegations was detainee-on-detainee. It was investigated administratively. After administrative investigation, it was deemed unfounded. The detainee was notified of the investigation outcome in writing and the case was closed. Because it was unfounded a sexual abuse incident review was not conducted. The case was not referred for criminal investigation. The remaining two sexual abuse allegations were staff-on-detainee. These allegation was investigated administratively. After administrative investigation, one was deemed unfounded and one was deemed unsubstantiated. Both detainees were notified of the investigation outcomes in writing and the cases were closed on an administrative level. A sexual abuse incident reviews was conducted on the unsubstantiated case within 30 days of the closing of the investigation. The unsubstantiated case was referred for review and criminal investigation. After review, no case was opened, and prosecution was declined on the allegation.

At the time of the audit, information received regarding the allegations of sexual harassment during the past twelve months revealed a total of one harassment allegations reported. The sexual harassment allegation was detainee on-detainee. The allegation was investigated administratively. After investigation it was deemed unfounded. The case were closed on an administrative level and the detainee was notified of the investigative results.

The Auditor reviewed three of sexual abuse allegations and one sexual harassment allegations. In all sexual abuse cases the alleged victim was offered medical and mental health services. Due to time frames of reporting, zero were referred for a SANE examination. All sexual abuse cases, except the those deemed to be "unfounded" had a

sexual abuse incident team review within 30-days of the completion of the investigation. Sexual harassment cases do not require a sexual abuse incident team review. All detainees were notified in writing of the results of the investigation in a timely manner.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	2	0	1	1
Total	3	0	2	1

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	1	0	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	0	1	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	1	0	0
Staff-on-inmate sexual abuse	0	1	1	0
Total	0	2	1	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	1	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	1	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:

3

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>1</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

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?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	<p>The Auditor reviewed three of sexual abuse allegations and one sexual harassment allegations. In all sexual abuse cases the alleged victim was offered medical and mental health services. Due to time frames of reporting, zero were referred for a SANE examination. All sexual abuse cases, except the those deemed to be “unfounded” had a sexual abuse incident team review within 30-days of the completion of the investigation. Sexual harassment cases do not require a sexual abuse incident team review. All detainees were notified in writing of the results of the investigation in a timely manner.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

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

Yes

No

Non-certified Support Staff

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.

Yes

No

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

Identify the name of the third-party auditing entity

M.P. Wheeler and Associates

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Colwell Probation Detention Center Organizational Chart • GDC Agency Organizational Chart • PREA Organizational Chart <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC)</p> <p>Through the interview process, the agency PREA Coordinator (PC) acknowledged</p>

having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all agency facilities.

Through the interview process, the agency PC confirmed the PCM has no other responsibilities other than to ensure the institution's compliance with the PREA standards and has the authority to make any changes needed to address PREA issues.

PREA Compliance Manager (PCM)

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

PROVISIONS

Provision (a)

The facility reported on the Pre-Audit Questionnaire (PAQ) that there is a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The policy is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p.1, I, A, states the Georgia Department of Corrections (GDC) has a zero-tolerance policy toward all forms of Sexual Abuse, Sexual Harassment, and sexual activity among offenders.

The facility reported on the PAQ the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 1-39, outlines the Georgia Department of Corrections (GDC) approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The facility reported on the PAQ that their policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. That policy is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 4, L through p. 6, N, address the definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

The facility reported on the PAQ that their policy includes sanctions for those found to have participated in prohibited behaviors. That policy is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 33-34, H, 1, a-d outlines disciplinary sanctions.

The facility reported on the PAQ that their policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of detainees. That policy is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 7-8, IV, A, 1, a-d, states:

1. The Department shall employ or designate an upper-level, Department PREA Coordinator with sufficient time and authority to develop, implement, and oversee Department efforts to comply with the PREA standards in all facilities.

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

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

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

Provision (b)

The facility reported on the PAQ the agency has an agency-wide PREA Coordinator. The PREA Coordinator's position within the agency's hierarchy is within the Office of Professional Standards (OPS), Compliance Unit. This is supported by the interview with the PC.

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

The positions and hierarchy within the Georgia Department of Corrections (GDC) for PREA personnel were confirmed through a review of the agency organizational chart. The position of the PREA Coordinator is in the Office of Professional Standards (OPS), Compliance Unit. The positions and hierarchy within the Correctional Institution for PREA personnel was confirmed through a review of the facility PREA organization chart.

The PREA Coordinator (PC) is classified at the Executive Level as confirmed through a review of GDC organizational chart. According to the organization chart, the PC reports directly to the reports to the Commissioner of Corrections.

The PC is a full-time position dedicated solely to PREA compliance. The PC has sufficient time to manage PREA related responsibilities. Each institution within the agency has one PREA Compliance Manager (PCM). In all PREA matters the PCM reports directly to the PREA Coordinator. At the facility, the PCM reports to the Warden/Superintendent.

Provision (c)

The facility reported on the PAQ that the facility has a PREA Compliance Manager (PCM). In all PREA matters the PCM reports directly to the PREA Coordinator. At the facility, the PCM reports to the Warden/Superintendent. This is supported by the policy Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 7-8, A, 1, indicates each institution assigns their own PREA Compliance manager at the direction of the warden. As well as the interview with the PCM.

The Superintendent Memorandum, PREA Compliance Manager Assignment, dated January 1, 2023, recognizes the new PCM assignment.

CONCLUSION

Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses zero tolerance of sexual abuse and sexual harassment: PREA coordinator.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>
	Pre-Audit Questionnaire (PAQ) and supporting documentation.
	Georgia Department of Correction (GDC), Standard Operating Procedures

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

INTERVIEWS:

Agency Contract Administrator Interview

During the interview process the Agency Contract Administrator indicated contracts are with Private and County facilities and the contracts include verbiage related to the vendors obligation to comply with PREA standards prior to entering into agreement with the agency. If the entity is not PREA compliant the contract will not be executed.

PROVISIONS

Provision (a)

On the PAQ the facility reported the Georgia Department of Corrections (GDC) requires all entities who contract with them for the confinement of inmates to adopt and adhere to PREA standards. All agency contracts for confinement of inmates contain PREA specific language, expectations, and requirements. The facility does not individually contract for the confinement of inmates. This can be found in Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, addresses Standard 115.12. It indicates any new contract or renewal with entities for the confinement of inmates shall adopt and comply with GDC policies and procedures (which include PREA).

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

The facility reported on the PAQ that the agency has twenty-six contracts for the confinement of inmates that the agency entered in to or renewed in the previous twelve months. Additionally the facility reported on the PAQ all of the twenty-six contracts that require the contractor to adopt and comply with PREA standards. This was confirmed with the Agency Contract Administrator.

Provision (b)

The facility reported on the PAQ, all contracts for the confinement of inmates require the agency to monitor the contractor's compliance with PREA standards. The facility also reported on the PAQ there are zero contracts referenced in 115.12 (a)-3 that DO NOT require the agency to monitor contractor's compliance with PREA standards.

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

	<p>Coordinator for review.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard which addresses contracting with other entities for the confinement of inmates</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Superintendent Memorandum, Unannounced PREA Rounds, dated February 1, 2023 • Facility Staffing Plan <p><u>OBSERVATIONS</u></p> <p>The Auditor randomly reviewed unit logbooks and visually saw where intermediate-or-higher staff were making entries to document unannounced rounds.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head Interview</p> <p>During the interview process the Facility Head spoke about:</p> <ul style="list-style-type: none"> • Examining how staffing levels affect detainee programming • How changes or modifications in the video monitoring system can make the facility safer for staff and detainees. • The physical plant configuration, • Internal and external oversight bodies • Detainee composition • Placement of Supervisor staff • Needs of line staff • Staffing Plan Compliance and Staffing Plan Deviation if any • The facility has been allotted 68 positions and has 7 security vacancies and 5

non-security vacancies.

PREA Compliance Manager (PCM) Interview

During the formal interview process and informal conversations the PCM acknowledged routine reviews of staffing levels and how those levels affect detainee programming and assignments. The video monitoring system is reviewed and inspected consistently to ensure proper functioning and coverage and if any changes or modifications are needed.

Intermediate-or-Higher Level Facility Staff Interviews

During the interview process intermediate-or-higher-level staff acknowledged making unannounced rounds routinely and documenting them in the unit logbook. During random informal conversations with staff, the staff acknowledged supervisors conduct unannounced rounds, with no warning to staff and document them in the logbook. This was verified by the Auditor through a random review of the several logbooks during the facility tour.

Random Staff Interviews

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

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

Random Detainee Interviews

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

PROVISIONS

Provision (a)

The facility reported on the PAQ that it has a has a staffing plan and the plan addresses each of the thirteen items listed in Provision (a). In addition, the facility Staffing Plan indicates it is the policy of the facility to ensure that all relieved posts are staffed at the times specified. The PAQ confirms the average daily number of detainees during the past 12 months has been 168. The Facility Head verified this.

The policy that supports this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 8, 3, indicates the Warden/Superintendent at each facility shall

develop a written Staffing Plan in accordance with this SOP using Attachment 11, Staffing Plan Template. To enhance the supervision and monitoring of offenders, each facility shall document and make its best efforts to comply on a regular basis with the established staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect offenders against Sexual Abuse. In all circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations on the daily Post Roster. Facility management staff will review these deviations on a regular basis, no less than annually, to identify the most common reasons for deviations. This information shall be used to adjust, as necessary, to the facility staffing plan. Completed plans will be forwarded to the PREA Coordinator for review and approval.

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

The Auditor reviewed copies of the most recent annual PREA staffing report. The report was comprehensive and addressed each of the bullet items required according to Provision (a). On an annual basis, quality assurance audits are conducted to ensure compliance with the established staffing model. The staffing plan is predicated upon a daily facility detainee population of 266.

Provision (b)

The facility reported on the PAQ there were no staffing deviations in the past twelve months. In the event a mandatory post is vacant, the post is filled with overtime staff or staff redirected according to the level of the post. The facility did not list the six most common reasons for deviating from the staffing plan in the past twelve months, because they reported zero deviations.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 9, 2, indicates In all circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations on the daily Post Roster. Facility management staff will review these deviations on a regular basis, no less than annually, to identify the most common reasons for deviations. This information shall be used to adjust, as necessary, to the facility staffing plan. Completed plans will be forwarded to the PREA Coordinator for review and approval.

Provision (c)

The facility reported on the PAQ that at least annually, the facility/agency, in collaboration with the PREA Coordinator, review the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing

plan to ensure compliance with the staffing plan. Revised plans are forwarded to the PREA Coordinator for review and approval.

Policy requires the staffing plan review be completed in consultation with the PC and other executive staff at least annually. The Auditor was provided with a copy of the most recent Annual Staffing Plan Review dated 06-23-2023. This review discussed the staffing plan, video monitoring and the resources needed to adhere to the staffing pattern.

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

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 9, 4, indicates no less than annually, each facility shall assess, determine, and document whether adjustments are needed to the established staffing plan. Revised plans shall be forwarded to the PREA Coordinator for review and approval.

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

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

Provision (d)

On the PAQ the facility reported that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These rounds are documented in the unit logbook. Staff are prohibited from alerting each other and the unannounced rounds cover all shifts. The Auditor verified this by checking the unit logbooks during the facility tour.

Superintendent Memorandum, Unannounced PREA Rounds, dated February 1, 2023m, states Supervisors and Duty Officers must conduct and document unannounced rounds to deter staff sexual abuse and sexual harassment at least once per week. Staff are prohibited from altering other staff members that these rounds are occurring. When documenting in logbooks, please include any findings of inadequacy regarding PREA.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 9, 6, indicates intermediate-level or higher-level supervisors must conduct and document unannounced rounds to identify and deter staff Sexual Abuse

and Sexual Harassment. Staff are prohibited from alerting other staff members that these supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility. Unannounced rounds by supervisory staff, with the intent of identifying and deterring Sexual Abuse and Sexual Harassment, are required to be conducted every week, including all shifts and all areas. These rounds will be documented in the area logbooks. In addition, the institutional Duty Officer is required to conduct and document unannounced rounds at least once per week in all areas. These rounds will be documented in the local Duty Officer Logbook. Documentation shall include any findings of inadequacy pertaining to the sexual safety of all offenders.

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

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

CONCLUSION

Based on the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding Supervision and Monitoring.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>OBSERVATIONS</u></p> <p>During the on-site tour, the Auditor did not observe a youthful detainee.</p> <p><u>INTERVIEWS</u></p> <p>Facility Head Interview</p> <p>Through the interview process and informal conversations, the Facility Head</p>

confirmed the facility does not house youthful detainees.

PREA Compliance Manager (PCM) Interview

Through the interview process and informal conversations, the PREA Compliance Manager confirmed the facility does not house youthful detainees.

Youthful Detainees

The facility does not house youthful offenders. Therefore, there were no detainees to interview with regard to this Standard.

Provision (a)

On the PAQ, the facility reported they do not house youthful detainees. The Auditor reviewed the detainee roster and did not see any detainees who had birthdates after 2006.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 10, 7, a-c, addresses the guidelines of the GDC for facilities that do house youthful offenders.

Provision (b)

N/A

Provision (c)

N/A

CONCLUSION

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

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

- GDC, Contraband Interdiction and Searches Curriculum
- Facilitator Notes for Cross Gender Searches
- Staff Training Records
- Random Staff Interviews
- Random Detainee Interviews

OBSERVATIONS

During the facility tour, when opposite-sex staff were observed entering a housing unit, they were heard making an announcement to alert the detainees someone of the opposite sex was on the housing unit. The Auditor was also announced by facility staff when entering detainee housing and restroom areas as she is the opposite sex.

During the facility tour, cisgender male detainees were observed on the facility property and in the facility itself.

INTERVIEWS

Non-Medical Staff Interview (involved in cross gender strip or visual searches)

Through the interview process non-medical staff confirmed they do not conduct cross gender strip searches and cross gender visual body cavity searches. However, if exigent circumstances were to unexpectedly arise, any cross-gender strip searches and/or cross-gender visual body cavity searches would be approved by the Facility Head, conducted by medical staff and thoroughly documented.

Random Staff Interview

There were informal conversations with staff as well as seventeen formal random staff interviews throughout the interview process. Random staff indicated:

- They completed training for cross gender searches for exigent circumstances. The training is Day 1 of the In-Service Training.
- Cross-gender strip searches or cross-gender body cavity searches do not occur at this facility.
- They personally have not been involved in a cross-gender search.
- There are sufficient male staff members available to conduct any searches that needed to occur, and that male staff would be diverted to address this issue if needed.
- Female officers do not conduct strip searches or visual body cavity searches.
- Transgender and intersex detainee search practices state that no searches would ever be permitted for the sole purpose of identifying an detainee's genital status.
- When staff were specifically asked would transgender or intersex detainees be able to shower privately, the answer was affirmative.
- When asked how this would be arranged, staff reported that most showers throughout the complex are individual shower stalls and provide privacy for

each detainee. For those that are not, a different showering time would be approved.

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

Random Detainee Interviews

Through the interview process 100% of the detainees acknowledged:

- They have never been part of a cross-gender search
- They can dress without being viewed by a member of the opposite sex.
- They can shower without being viewed by a member of the opposite sex.
- Opposite sex staff announce their presence when entering housing units and bathrooms.

Transgender Detainee Interviews

There were no transgender or intersex detainees assigned to the facility at the time of the onsite audit. Consequently no transgender or intersex detainees could be interviewed.

PROVISIONS

Provision (a)

The facility reported on the PAQ that it does not conduct cross-gender strip or cross-gender visual body cavity searches of detainees. Subsequently, in the past 12 months, there were zero cross-gender strip or cross-gender visual body cavity searches of detainees. This was confirmed by random staff during the interview process.

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

Provision (b)

This provision is not applicable, as the facility reported on the PAQ that they do not house female detainees.

This facility is an adult male facility, receiving detainees from the Georgia Department of Corrections. As such they can receive cisgendered males as well as male-to-female transgender detainees. At the time of the on-site audit, the facility

housed 212 detainees, zero of which were transgender or intersex detainees.

Provision (c)

The facility reported on the PAQ that it does not house female detainees.

The facility reported on the PAQ that while they do not conduct cross gender strip searches and cross gender visual body cavity searches, if an exigent circumstances were to unexpectedly arise, any cross-gender strip searches and cross-gender visual body cavity searches would be approved by the Facility Head, conducted by medical staff and thoroughly documented. This was verified by non-medical staff (involved in cross gender strip or visual searches.)

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 11, 8, c, indicates the facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female detainees via an incident report explaining the nature of the Exigent Circumstance.

Provision (d)

The facility reported on the PAQ, detainees shower, perform bodily functions, and change clothes without staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. Further, the PAQ indicated opposite gender staff are required to announce their presence when entering an detainee housing unit. The random detainees verified this during the interview process.

All random detainees (100%) interviewed confirmed they were able to shower and dress without being seen by a member of the opposite sex. In response to the question of whether opposite gender announcements are made on housing units, 100% of the random detainees interviewed reported female staff announce their presence when entering the housing unit.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 11, 8, d, indicates the facility shall implement procedures that enable detainees to shower, perform bodily functions, and change clothing without nonmedical staff members of the opposite gender viewing their breasts, buttocks, or genitalia, except in Exigent Circumstances or when such viewing is incidental to their official duties. Detainees should only shower, perform bodily functions, and change clothing in designated areas (e.g., cells, shower rooms, and bathrooms).

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

staff members of the opposite gender shall announce their presence when entering an detainee housing unit; this includes the officer assigned to the housing unit. It is understood that staff members might not make announcements when responding to circumstances that require immediate action to combat a threat to security.

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

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

Provision (e)

The facility reported on the PAQ that it is prohibited for staff to search or physically examining a transgender or intersex detainee for the sole purpose of determining the detainee's genital status.

All random staff interviewed confirmed it was against facility/agency policy to search a transgender or intersex detainee for the sole purpose of determining their genital status and such a search is prohibited. Further they reported they had been trained how to search a transgender or intersex detainee in a professional and non-intrusive way, but that the majority of the time medical personnel conducted transgender and intersex detainee the strip searches.

During the interview process, random staff indicated absent exigent circumstance, female officers conduct the pat searches on transgender or intersex detainees. Additionally, absent exigent circumstances, medical personnel conduct the strip searches and visual cavity searches on transgender and intersex detainees.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 12, 8, g, indicates the facility shall not search or physically examine a Transgender or Intersex detainee for the sole purpose of determining the detainee's genital status. If the detainee's genital status is unknown, it may be determined during conversations with the detainee, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination

conducted in private by a medical practitioner. The provision does not limit searches of detainees to ensure the safe and orderly running of the institution.

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

The training curriculum states searches will be conducted in a manner which will avoid unnecessary force, embarrassment, or indignity to the employee or offender. Always remain professional during any search process, Searches should never be conducted with the intent to harass or degrade. The training continues by giving step by step instructions on how to approach an detainee for a pat search or strip search and how to proceed with the search.

According to the facilitator lesson plan there is an exercise that is conducted during training. The exercise is described below.

Using another instructor or a student volunteer (strictly voluntary) and following the gender policies, demonstrate a pat search.

1. Put on gloves, check the area for safety and assume a defensive stance.
2. Inform the offender he or she is going to be pat searched, then have the offender remove all articles from pockets and headgear for inspection.
3. The offender faces away from the inspector with feet approximately 12-16 inches apart with arms extended. If a wall is available, the offender places hands on the wall leaning body slightly forward.
4. The inspector uses both hands and starts at the back of the head following a direct course across the front of the arms to the hand area and back to the shoulders.
5. The inspector then returns hands to the original position and covers the shoulders down the back and sides to the beltline. The belt line, all pockets and chest area should then be searched.

These next 2

sensitive areas can be simulated for this demonstration.

6. When checking the breasts on a female or transgender offender, the back of the hands should be used to check the entire breast area, always on the outside of the clothing.
7. The groin area should be searched with the edge of the hand. Since the groin area is a sensitive area of the body, both physically and emotionally, it should be searched carefully and with concern for the offender's dignity.
8. The inspector then searches from the back at the waistline by proceeding down the back and sides to the shoe tops. The shoe tops, trousers, cuffs,

socks, and then inside the legs up to the groin should be checked.

Provision (f)

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

During informal conversations, when female staff were asked how they would proceed if a male staff member were not available, they acknowledged they are allowed to conduct pat searches on all detainees in the facility. However, if a male staff member were specifically needed there is never an instance when male staff are not on duty and could be directed to the area to conduct the search. 100% of the staff interviewed recalled receiving training on opposite gender searches; however, each of them articulated that in all instances female staff do not conduct cross-gender strip or body cavity searches and will always defer to a male staff member to complete those searches.

CONCLUSION

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding the limits to cross-gender viewing and searches.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u> <ul style="list-style-type: none">• Pre-Audit Questionnaire (PAQ) and supporting documentation.• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022• Colwell Probation Detention Center, Detainee Handbook, revised September 6, 2023• PREA Offender Brochure

- LanguageLine Insight Video Interpreting User Guide
- Lionbridge User's Guide Telephonic Interpreter
- Video Remote Interpreting Usage Log
- Dialing Instructions for the GDC PREA Hotline (English/Spanish)
- PREA Poster

OBSERVATIONS

During the facility tour, the Auditor observed PREA postings, in both English and Spanish, displayed in housing units, work areas, hallways, visitation area, as well as other areas throughout the facility. The Auditor was provided written documents, training materials, as well as PREA brochures, which are provided in both English and Spanish to the detainee population.

INTERVIEWS

Facility Head Interview

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

Random Staff Interviews

Through the interview process, 100% of random staff indicated the facility does not allow the use of detainee interpreters, detainee readers, or other types of detainee assistants to assist detainees with disabilities or detainees who are limited English proficient when making an allegation of sexual abuse or sexual harassment. Further, 100% reported being unaware of any instance when detainee interpreters, detainee readers, or other types of detainee assistants been used in relation to allegations of sexual abuse or sexual harassment.

Detainees with Disabilities Interviews

Through the interview process, zero detainees with disabilities reported feeling vulnerable due to their disability. All detainees indicated the facility provides information about sexual abuse and sexual harassment they can comprehend. When each of the detainees were asked, "Do you understand your rights related to sexual abuse and how to report sexual abuse or harassment," they all (100%) responded in the affirmative.

PROVISIONS

Provision (a)

The facility reported on the PAQ, the agency/facility has established procedures to provide disabled detainees and limited English proficient detainees with equal

opportunity to participate in and benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and sexual harassment. The Facility Head verified this.

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

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

The policy that addresses this provisions is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 12, 9, a, indicates the local PREA Compliance Manager shall reference SOP 103.63, ADA Title II Provisions, for guidance pertaining to ADA resources available to offenders with disabilities and those who are LEP so they may understand the facility policies around reporting, preventing, detecting, and responding to Sexual Abuse and Sexual Harassment.

Provision (b)

The facility reported on the PAQ the agency has established procedures to provide detainees with limited English proficiency 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. Some of the resources include, but are not limited to:

- LanguageLine provides access to interpretive services via video for foreign languages and American Sign Language
- Lionbridge provides telephonic language interpretation.
- PREA written materials in English and Spanish
- PREA Video in English and Spanish with closed captions
- Limited English Proficient detainees are provided information in Spanish. The Auditor reviewed the PREA information. Every piece of material available in English is also available in Spanish. Additionally, the facility has access to LanguageLine for a plethora of other languages including American Sign Language.
- Hearing Impaired detainees are provided information visually, through videos and written words. There is also Video Remote Interpreting available in American Sign Language.
- Visually Impaired detainees are provided information audibly, read by a staff member or sound in recorded messages or videos. Braille is also available.
- Cognitively impaired detainees are provided information audibly, read by a

- staff member or sound in recorded messages or videos.
- Detainees with limited reading skills are provided information audibly, read by a staff member or sound in recorded messages or videos.

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

Provision (c)

The facility reported on the PAQ that in the past twelve months, there have been zero instances where detainee interpreters, readers, or other types of detainee assistants have been used. The Facility Head verified this.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 12-13, 9, b, states the facility shall not rely on offender interpreters, offender readers, or other types of offender assistants except in Exigent Circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first response duties under 28 CFR § 115.64, or the investigation of the offender’s allegations.

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

CONCLUSION:

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

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling A Vacancy, effective date 5/27/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling A Vacancy, Attachment 4, Applicant Verification, revised 05/25/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.18, Obtaining and Using Records for Criminal Justice Employment, effective 10/13/2020
- Employee Records Review
- Hiring and Promotion Decisions

INTERVIEW

Administrative Staff (HR) Interview

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

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

The facility reported 68 allotted positions, with 56 positions filled. There are 7 security and 5 non-security vacancies. In the past 12 months the facility reports 6 new hires. The facility also reported 10 contractors and 37 volunteers.

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

PROVISIONS

Provision (a)

The facility reported on the PAQ a hiring and promoting prohibition of anyone who may have contact with detainees and prohibits enlisting the services of any contractor who may have contact with detainees who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

This was verified during the interview process with HR Personnel.

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

i. The Department shall not hire or promote anyone who may have contact with offenders, who:

1. Has engaged in Sexual Abuse in a prison, jail, lockup, Community Confinement Facility, Juvenile facility, or other institution (as defined in 42 U.S.C. 1997); has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
2. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph a.i.1. of this section.

ii. The Department shall consider any incidents of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders.

iii. Before hiring new employees, who may have contact with offenders, the Department shall:

1. Ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, Filling a Vacancy, in written applications or interviews for hiring and promotions, and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any

such misconduct.

2. Perform a Criminal History Record checks on all employees and volunteers prior to start date and again annually. A tracking system shall be implemented at each local facility to ensure the criminal history checks are conducted within the appropriate time frames, according to policy, for each person with access to that facility.

iv. Unless prohibited by law, the Department shall provide information on Substantiated Allegations of Sexual Abuse or Sexual Harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The Department complies with the Federal Privacy Act and Freedom of Information Act, and all other applicable laws, rules, and regulations.

v. Material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.

This information is verified by HR personnel during the interview process.

This is also supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 104.09, Filling A Vacancy, effective date 5/27/2022, p. 7, F, 1, a-d, states applicants may be considered for a Vacancy through the following process:

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

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

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

Provision (b)

On the PAQ the facility reported consideration is given of any incidents of sexual harassment in determining whether to hire or promote someone, or to enlist the services of any contractor who may have contact with detainees. This was verified during the interview process with HR personnel.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 13, 10, a, ii, indicates the Department shall consider any incidents

of Sexual Harassment in determining whether to hire or promote anyone who may have contact with offenders.

Provision (c)

1. On the PAQ the facility reported that before it hires any new employees who may have contact with detainees, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Thirty-seven individuals were hired in the past twelve months. This was verified by the HR personnel during the interview process.

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

1. Ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, Filling a Vacancy, in written applications or interviews for hiring and promotions, and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct.
2. Perform a Criminal History Record checks on all employees and volunteers prior to start date and again annually. A tracking system shall be implemented at each local facility to ensure the criminal history checks are conducted within the appropriate time frames, according to policy, for each person with access to that facility.

In the preceding twelve months there were 6 persons hired who may have had contact with detainees who had a criminal background check completed. The Auditor conducted a review of a total of forty personnel records, six of which were new hires. All personnel records, including the new hires, had completed criminal background history checks, answered the three required questions and completed PREA Education.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 14, iii, 1, states before hiring new employees, who may have contact with offenders, the Department shall:

1. Ask all applicants and employees who may have contact with offenders directly about previous misconduct described in SOP 104.09, Filling a Vacancy, in written applications or interviews for hiring and promotions, and any written interview or written self-evaluations conducted as part of reviews of current employees. Every employee has a continuing affirmative duty to disclose any such misconduct.

According to the PAQ, there were 6 individuals hired in the past 12 months. The GDC conducts background checks on each new hire, before each promotion, and every five-years.

Provision (d)

The facility reported on the PAQ that before enlisting the services of any contractor who may have contact with detainees, a criminal background records check is completed for each contractor. The facility reported on the PAQ there are 11 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with detainees. The GDC conducts a criminal background records check on each new contractor and every five years thereafter.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 15, 10, b, ii, indicates the Department shall consider any incidents of Sexual Harassment in determining whether to enlist the services of any contractor who may have contact with offenders. Before hiring new employees or enlisting the services of a contractor or volunteer who may have contact with offenders, the Department shall:

1. Perform a Criminal History Record check before enlisting the services of any contractor who may have contact with offenders and at least every five years thereafter.
2. Ensure that new hires complete SOP 104.09, Attachment 4, Applicant Verification.
3. Ensure that contractors or volunteers complete SOP 208.06, Attachment 13, Contractor/Volunteer Verification Form.

Provision (e)

The facility reported on the PAQ that criminal background record checks are conducted at least every five years for current employees and contractors who may have contact with detainees. This was verified by HR personnel during the interview process.

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

A. Before any facility/office requests criminal history records on an applicant, Attachment 1, the GDC Criminal/Driver History Consent Form, must be signed by the applicant to initiate processing. This form will remain valid and in effect for use through the duration of employment with GDC.

B. The signed consent form must be submitted with a GDC facility's request to the Georgia Crime Information Center (GCIC), Georgia Bureau of Investigation (GBI), Georgia State Patrol (GSP) or another related agency.

C. If an applicant will not sign the Consent Form, the applicant cannot be considered for employment.

D. When GCIC Criminal History Background queries are done for applicants seeking to be P.O.S.T. certified, a check must be conducted in each state where the applicant resided.

E. If an adverse employment decision is made based on criminal history records, the facility/office must notify the applicant, in writing, of all information pertinent to that decision. This disclosure must inform the applicant of where the name of the criminal justice center where the record was obtained from, the specific contents of the record, and the effect the record had on the decision. NOTE: The Appointing Authority is responsible for making this disclosure. Failure to provide all information to the person subject to the adverse decision shall be a misdemeanor. (See Attachment 2 & Attachment 3, Sample Letters.)

F. Each facility/office must maintain a file of all signed Consent Forms. If an applicant is hired, their signed consent form shall be included in the employment package sent to the Corrections Human Resource Management Office (CHRM). NOTE: It is a violation of Georgia law to inquire into an applicant's driver's license history records for employment considerations, except as specified within this SOP.

The GDC conducts a criminal background records check, upon application, when an individual is being considered for a promotion, and no less than every five years on all current employees and contractors. This was verified by HR personnel during the interview process.

Provision (f)

The facility reported on the PAQ that all applicants and employees who may have contact with detainees directly must answer questions about previous sexual misconduct on applications, in interviews and in written self-evaluations. Additionally, there is a continuing affirmative duty to disclose any such misconduct. This was verified by HR personnel during the interview process.

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

Provision (g)

The facility reported on the PAQ that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. This was verified by HR personnel during the interview process.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 14, 10, a, v, indicates material omissions regarding misconduct or the provision of materially false information shall be grounds for termination.

Provision (h)

On the PAQ the facility reported unless prohibited by law the agency will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied for work. This was verified by HR personnel during the interview process.

The Administrative Staff (HR) acknowledged unless prohibited by law, all information on substantiated allegations of sexual abuse or sexual harassment involving a former employee would be shared upon request from an institutional employer for whom such employee has applied for work.

CONCLUSION

Based upon the review and analysis of all the available evidence, the Auditor has determined the facility meets every provision of the standard regarding hiring and promotion decisions.

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

During the on-site facility tour, the Facility Head pointed out camera placement, as well as security mirrors. Camera coverage is a way to enhance the physical and sexual safety of the detainee and staff in the room.

INTERVIEWS

Agency Head or Designee Interview

During the interview process the Agency Head Designee indicated camera placement was designed to limit blind spots and provide adequate coverage for PREA protections while preventing cross gender viewing capabilities.

Facility Head or Designee Interview

During the interview process the Facility Head indicated:

- All cameras are monitored in control
- All cameras video record and have playback capabilities
- Cameras protect detainees and staff
- The goal is to have camera coverage in all areas
- Before any camera expansion, areas of concern would be identified and it is of the highest priority to address any areas identified.

PROVISIONS

Provision (a)

The facility reported on the PAQ that no upgrades have been made to the facility since the last PREA audit. This was confirmed by the Facility Head.

Provision (b)

The facility reported on the PAQ that upgrades have been made to the video monitoring system, electronic surveillance system or other technology since the last PREA audit.

The facility last updated the DVR system in 2020. This was verified by the Facility Head.

CONCLUSION:

Based upon the quality and coverage of the new camera system, combined with a review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard regarding upgrades to facility and technology.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse and Sexual harassment of Offenders, effective date 8/11/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.10, Evidence Handling and Crime Scene Processing, effective date 8/30/2022
- Services Agreement between the Georgia Department of Corrections (GDC) and Sexual Assault Response Team (SART), dated August 31, 2021
- MOU between S.A.F.E., Inc. and Colwell Probation Detention Center
- SANE Contact and Call List

INTERVIEWS

PREA Coordinator (PC) Interview

Through the interview process, the PC acknowledged the agency follows the uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings as well as protocols and requirements for forensic medical exams. The uniform evidence protocol is developmentally appropriate for youth. The facility conducts administrative and criminal investigations

PREA Compliance Manager (PCM) Interview

During the interview process the PCM indicated:

- In the past twelve months there have been zero forensic exams performed.
- Victim advocacy services are offered through the specially trained staff at the facility.
- The GDC has a service agreement with Sexual Assault Response Team (SART) for forensic examinations.
- Forensic examinations take place at the facility in the medical unit.
- There were zero examination in the past twelve months

SAFE/SANE Staff Interview

During the interview process, the SANE personnel indicated, the facility utilizes S.A.R.T. for their forensic examinations. S.A.R.T. has an agreement with the Georgia Department of Corrections (GDC) to provide SANE services to their residents/detainees/detainees. The SANE personnel are called from the SANE Contact and Call

list. The SANE personnel report to the facility and conduct the forensic examination in the medical unit of the facility. The detainee is not financially responsible for the examination.

Random Staff Interview

Through the interview process, facility staff articulated an understanding of the process should a detainee report alleged sexual abuse. All staff (100%) interviewed were able to articulate the basic preservation of evidence component of both victim and abuser. They were also able to explain their responsibilities up to the point when they transfer responsibility to either investigative or medical staff.

Detainees Who Reported Sexual Abuse

Through the interview process, detainees who reported sexual abuse reported:

- Facility staff was responsive to them when they reported the incident.
- Being referred for a forensic examination immediately.
- Those who were referred for a forensic examination reported being offered a victim advocate.
- The victim advocate was with them during the examination and helped them understand what was going to happen.
- Not having to pay for any medical treatment.
- 100% of the detainees reported they were not asked to take a polygraph test.
- Being notified in writing of the results of the investigation

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency/facility is responsible for conducting administrative and criminal investigation within the facility. While conducting investigations the investigator follows a uniform evidence protocol. The PC verified this.

The policy that addresses this provision is by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 16, B, 1, a, indicates each facility shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Reference SOP 103.10, Evidence Handling and Crime Scene Processing, and SOP 103.06, Investigations of Allegations of Sexual Contact, Sexual Abuse, Sexual Harassment of Offenders.

Provision (b)

The facility reported on the PAQ that it does not house youthful offenders. When reviewing the detainee roster, the Auditor did not see any detainees whose birthdate

was later than 2006. However, the facility reported that the protocol they use in investigations is developmentally appropriate for youth. The PC verified this.

The policy which supports this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates the protocol shall be developmentally appropriate for youth, where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice Office on Violence against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

Provision (c)

The facility reported on the PAQ all detainees who experience sexual abuse have access to forensic medical examinations on site. All treatment services are provided to the victim without financial cost. Further, all forensic examinations have been completed by SANE personnel who come to the facility. If SAFE or SANE personnel are not available, an ER physician will be utilized. On the PAQ, the facility reported zero forensic examinations during the past twelve months and each was conducted by a SANE. The PCM verified this.

The Services Agreement between the Georgia Department of Corrections (GDC) and Sexual Assault Response Team (SART), dated August 31, 2021, documents the relationship between the facility and SANE personnel.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 16, B, 1, c, indicates when there is a report of an incident of Sexual Abuse that was alleged to have occurred within the previous 72 hours, or there is a strong suspicion that an assault may have been sexual in nature, a physical examination of the alleged victim shall be conducted to determine if immediate medical attention is necessary and if the SANE protocol should be initiated,(Attachment 5, Procedure for SANE Evaluation/Forensic Collection). The SANE examination shall be provided at no cost to the offender. Physical evidence from the suspected perpetrator(s) will be collected and may also include an examination. The offender's consent must be obtained prior to initiating the SANE protocol, in accordance with SOP 507.04.85, Informed Consent.

SAFE/SANE personnel reported the forensic program is responsible for conducting all forensic medical examinations for the facility. SAFE/SANE personnel report to the facility to conduct the forensic examinations. The facility utilizes Sexual Abuse Response Team (S.A.R.T.) for their forensic examinations. S.A.R.T. has an agreement with the Georgia Department of Corrections (GDC) to provide SANE services to their residents/detainees/detainees. The SANE personnel are called from the SANE Contact and Call list. The SANE reports to the facility where the forensic examination is conducted in the medical unit. The exam starts with an explanation of the exam and

written consent from the patient. From there the SANE will gather demographic information and past medical and surgical history. Details of the assault will be documented in the patient's words in the forensic medical record. After all information is obtained, the SAFE/SANE will do a head-to-toe assessment, collect evidence, document trauma, and take photographs with the patient's consent. A detailed genital exam will be done with the use of high-resolution digital imaging with the patient's consent. Forensic evidence is collected in conjunction with the head-to-toe assessment and genital assessment. Evidence is packaged and secured while maintaining chain of custody until it can be released to law enforcement. After the exam, the SANE will discuss prophylaxis medication to prevent sexually transmitted infections, including HIV. Post examination prescriptions, if any, are filled by the facility.

Provision (d)

The facility reported on the PAQ they have a MOU with Sexual Abuse Support Center Inc, dba The Center @ 909, who also provides victim advocates sexual abuse victims in the facility. This MOU has been in place since August 1, 2017. The PCM verified this.

The facility reported on the PAQ that it also provides a qualified staff member who has been specifically trained to function as a victim advocate as needed. The facility provided Victim Advocate certification for a staff member who completed training September 11, 2023. The PCM verified this.

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

Provision (e)

The facility reported on the PAQ that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The facility provided Victim Advocate certification for a staff member who completed training September 11, 2023. The PCM verified this.

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

	<p>Provision (f)</p> <p>As reported in Provision (a) all PREA allegations, administrative and criminal, are investigated by the agency/facility.</p> <p>Provision (g)</p> <p>Auditors are not required to audit this provision.</p> <p>Provision (h)</p> <p>As reported in Provision (d) the facility has a trained staff member who is an available victim advocate to provide services to sexual abuse victims. The facility also has an MOU with Sexual Abuse Support Center Inc, dba The Center @ 909, who also has victim advocates available for sexual abuse victims in the facility.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility does meet every provision of the standard regarding evidence protocol and forensic medical examinations.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective date 8/11/2022 <p><u>INTERVIEWS</u></p> <p>Agency Head or Designee Interview</p> <p>Through the interview process the Agency Head Designee indicated that every allegation of sexual abuse or sexual harassment is taken very seriously. Every allegation, administrative and criminal, is investigated thoroughly and immediately. The GDC does not rely on outside sources to conduct investigations. The policy regarding allegations being referred for investigation is on the agency website. all</p>

referrals of allegations of sexual abuse or sexual harassment for criminal investigation are documented.

Investigative Staff Interview

Through the interview process, investigative staff indicated all allegations, regardless of how they are reported, are investigated. The agency/facility investigates both administrative and criminal allegations.

PROVISIONS

Provision (a)

The facility reported on the PAQ the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. This was verified during the interview process with the Agency Head Designee.

This is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 30, G, 1, indicates all reports of Sexual Abuse or Sexual Harassment will be considered allegations and will be investigated.

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

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

One of the sexual abuse allegations was detainee-on-detainee. It was investigated administratively. After administrative investigation, it was deemed unfounded. The detainee was notified of the investigation outcome in writing and the case was closed. Because it was unfounded a sexual abuse incident review was not conducted. The case was not referred for criminal investigation.

The remaining two sexual abuse allegations were staff-on-detainee. These allegation was investigated administratively. After administrative investigation, one was deemed unfounded and one was deemed unsubstantiated. Both detainees were notified of the investigation outcomes in writing and the cases were closed on an administrative level. A sexual abuse incident review was conducted on the unsubstantiated case within 30 days of the closing of the investigation. The unsubstantiated case was referred for review and criminal investigation. After review, no case was opened, and prosecution was declined on the allegation.

At the time of the audit, information received regarding the allegations of sexual harassment during the past twelve months revealed a total of one harassment allegations reported. The sexual harassment allegation was detainee-on-detainee. The allegation was investigated administratively. After investigation it was deemed

unfounded. The case were closed on an administrative level and the detainee was notified of the investigative results.

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

Provision (b)

The facility reported on the PAQ that the agency has a policy and practice in place that ensures allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. This policy is posted on the agency’s website. (<http://www.gdc.ga.gov/content/101-208-policy-compliance-unit>).

The agency/facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. This was confirmed through the interview process with the Agency Head Designee.

This is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 31, G, 8, a-c indicates appointing authorities or their designees shall report all allegations of Sexual Abuse with penetration and those with immediate and clear evidence of physical contact to their Regional Director, Regional SAC, and the Department’s PREA Coordinator immediately upon receipt of the allegation.

- a. Where Sexual Abuse is alleged and cannot be cleared at the local level (as indicated in G.5 of this section), the Regional SAC shall determine the appropriate response upon notification. If this appropriate response is to open a criminal investigation, the Regional SAC shall assign an agent or investigator who has received special training in Sexual Abuse investigations.
- b. Agents and investigators shall gather and preserve direct and circumstantial evidence including any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of Sexual Abuse involving the suspected perpetrator.
- c. The credibility of the victim, suspect, or witness shall be assessed on an individual basis and will not be determined by the person's status as offender or staff member. An offender who alleges Sexual Abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 103.06, Investigation of Allegations of Sexual Contact, Sexual Abuse, and Sexual Harassment of Offenders, effective date 8/11/2022, p. 1, I, indicates it is the policy of the Georgia Department of Corrections (GDC) that allegations of sexual contact, sexual abuse, and sexual harassment filed by sentenced offenders against other offenders, departmental employees, contractors, vendors, or volunteers be reported, fully investigated, and otherwise treated in a confidential and serious manner. Staff conduct and attitude towards such allegations will be professional and unbiased, and staff members will cooperate with the investigation into all Allegations. It is the policy of the GDC to assure that the investigations are conducted in such a manner as to avoid threats, intimidation, or future misconduct.

Provision (c)

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

Provision (d)

Auditors are not required to audit this provision.

Provision (e)

Auditors are not required to audit this provision.

CONCLUSION

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

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • In-Service Training Attendance Documentation • In-Service Training List of Training Topics • Staff Training Curriculum

INTERVIEWS

Random Staff Interviews

Through the interview process facility staff recalled:

- Participating in initial PREA training when they were hired before they were allowed to have contact with detainees.
- Participating in annual training, in-service PREA training, as well as additional shift turnout training.
- PREA Training is Day 1 of In-Service Training
- Being trained in the ten elements of this standard.

PROVISIONS

Provision (a)

The facility reported on the PAQ that all employees who may have contact with detainees are trained in:

- Zero tolerance policy for sexual abuse and sexual harassment
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
- On detainees' right to be free from sexual abuse and sexual harassment
- On the right of detainees and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- On the dynamics of sexual abuse and sexual harassment in confinement
- On the common reactions of sexual abuse and sexual harassment victims
- On how to detect and respond to signs of threatened and actual sexual abuse?
- On how to avoid inappropriate relationships with detainees
- On how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming detainees
- On how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

During interviews, all (100%) random staff acknowledged they had received training on the ten items listed in the GDC policy for this standard.

The policy that addresses this provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 19, 1, a, i-v, indicates all departmental employees shall be required to attend training annually on:

- i. The Department's zero-tolerance policy for Sexual Abuse and Sexual Harassment;

- ii. How to fulfill their responsibilities under the Department's Sexual Abuse and Sexual Harassment prevention, detection, reporting, and response policies and procedures;
- iii. Offenders' right to be free from Sexual Abuse and Sexual Harassment;
- iv. The right of offenders and employees to be free from retaliation for reporting Sexual Abuse and Sexual Harassment;
- v. The dynamics of Sexual Abuse and Sexual Harassment in confinement;
- vi. The common reactions of Sexual Abuse and Sexual Harassment victims;
- vii. How to detect and respond to signs of threatened and actual Sexual Abuse;
- viii. How to avoid inappropriate relationships with offenders;
- ix. How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, Transgender, Intersex, or Gender Nonconforming offenders; and
- v. How to comply with relevant laws related to mandatory reporting of Sexual Abuse to outside authorities.

On the PAQ the facility reported all employees, who may have contact with detainees, are trained on the ten items listed in their policy.

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

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

Provision (b)

On the PAQ the facility reported the training is tailored to the gender of the detainees in the facility. When employees are reassigned from facilities housing the opposite gender, they are given additional training upon beginning work.

During interviews, all random staff acknowledged they had received training for the gender of the detainees in the facility.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination

Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 20, 1, b-d, indicates the following:

b. In-service training shall include gender specific reference and training for staff as it relates to the specific population supervised. Staff members transferring into a facility of different gender from prior institution shall receive gender-appropriate training.

c. New employees shall receive PREA training during the Pre-Service Orientation. Attachment 19, Staff PREA Brochure, can be used to assist in this training.

d. Specialized training shall be required for members of the Sexual Abuse Response Team (SART) and any other staff members who are likely to be involved in the management and treatment of sexually abused victims and the perpetrators.

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

The training provided by the agency, addresses both male and female issues. However, the facility training has been tailored specifically to the male detainee population. The Auditor reviewed the training materials utilized for the staff. The training materials are consistent with this PREA standard. If an employee is reassigned from a facility that houses a different population composition, that employee is retrained and/or provided refresher training for the population make-up of the new facility prior to being placed in contact with the any detainee. The training curriculum did include training specific to transgender detainees.

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

Provision (c)

The facility reports 57 staff presently assigned to the facility. The Auditor reviewed fifty staff training records. All fifty had attended PREA In-Service training in 2024. Facility staff also receive refresher training every two years. The facility provides additional PREA training annually, as well as shift training, staff meetings, educational materials, and posters.

All (100%) random staff interviewed reported they had received PREA training. Further, formal training is provided a minimum of every two years. On the alternating years, refresher training ensures the employees know the agency's current sexual abuse and sexual harassment policies and procedures.

Provision (d)

PREA training requirements mandate attendance at all PREA required training is documented through employee signature, acknowledging the training they have received. Employees are required to complete an Acknowledgement of Receipt of Training upon completion of the training or provide an electronic verification signifying comprehension of the training. Random staff confirmed signing for PREA

	<p>training.</p> <p>Employees are reminded of PREA during Shift Briefings. PREA is also in POST Orders that are reviewed quarterly.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding policies regarding employee training.</p>
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Volunteer/Contractor PREA Training Curriculum • Volunteer/Contractor Acknowledgments • Volunteer Package • Volunteer Services Online Training <p><u>INTERVIEWS</u></p> <p>Volunteer Interview</p> <p>Through the interview process a volunteer recalled having PREA training, prior to being allowed to work with detainees. The volunteer stated the training was specific to the volunteer’s role and responsibilities in the facility. When the Auditor questioned the volunteer about their knowledge of PREA, they were able to identify what PREA was and more importantly, what the volunteer’s role or responsibility if confronted with a situation of sexual abuse or sexual harassment.</p> <p>Contractor Interview</p> <p>Through the interview process a contractor recalled having PREA training, prior to being allowed to work with detainees. The contractor stated the training was specific to the contractor’s role and responsibilities in the facility. When the Auditor questioned the contractor about knowledge of PREA, the contractor was able to identify what PREA was and more importantly, what the contractor’s role or</p>

responsibility if confronted with a situation of sexual abuse or sexual harassment.

PROVISIONS

Provision (a)

The facility reported on the PAQ all volunteers and contractors who have contact with detainees have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The facility reported 35 contractors and volunteers who have contact with detainees who have received PREA training. This was confirmed through the interview process with the contractors and volunteers.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 20, 2, a, indicates the department shall ensure that all volunteers and contractors who have contact with offenders are provided with a copy of this policy and have been trained in their responsibilities under the Department's PREA policies and procedures. Attachment 19, Staff PREA Brochure, can be used to assist in this training.

Provision (b)

The facility reported on the PAQ the level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with detainees. All volunteers and contractors have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. This was verified through the interview process with contractors and volunteers.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 20, 2, b, indicates the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders, but all volunteers and contractors who have contact with offenders shall be notified of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and be informed on how to report such incidents.

Provision (c)

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

As indicated in Provision (b), the facility reported copies of the acknowledgment page from the PREA training are retained in each volunteer and contractor file. This provision requires the facility/agency to maintain documentation confirming that volunteers and contractors received and understand the training they have received.

	<p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 21, 2, c, indicates participation must be documented through volunteer and contractor signature or electronic verification and will indicate that the volunteer and contractor understood the training they have received by signing Attachment 1, Sexual Abuse/Sexual Harassment Prison Rape Elimination Act (PREA) Education Acknowledgement Statement. At the conclusion of the training, volunteers and contractors are asked to seek additional direction from Department staff members if necessary to ensure understanding of the training.</p> <p>CONCLUSION</p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility does meets every provision of the standard which addresses policies regarding volunteer and contractor training.</p>
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115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. • Colwell Probation Detention Center, Detainee Handbook, revised February 2024 • Georgia Department of Corrections, Discussing Prison Rape Elimination Act Video, dated February 23, 2023. • Detainee PREA Intake Information Documentation • LanguageLine Insight Video Interpreting User Guide • Georgia Department of Corrections, PREA Detainee Information Guide Brochure, undated • Video Remote Interpreting Usage Log • PREA Posters – English/Spanish • Hotline Numbers to Report – English/Spanish • Reporting is the First Step - English/Spanish • Outside Confidential Support Service Agency Posting – English/Spanish • MOU between Colwell Probation Detention Center and S.A.F.E., Inc • Detainee PREA Education Attendance Sheets

OBSERVATIONS

During the on-site review, the Auditor observed PREA related information posted on the walls, explaining sexual abuse and sexual harassment and how to report both throughout the facility. The facility has PREA information posted on the walls, i.e., the hotline numbers to report sexual abuse to the GDC PREA Unit (internal reporting), as well S.A.F.E., Inc (external reporting), Zero Tolerance, etc. Outside Confidential Support Services Agency information and PREA related information was posted in each living unit near telephones for easy accessibility.

The GDC, C.H. Colwell Probation Detention Center, Offender Handbook, the PREA Detainee Information Guide Brochure, the PREA video Discussing PREA, as well as the PREA postings were observed during the on-site tour of the facility by the Auditor. The Auditor reviewed written materials in both English and Spanish. Braille is also available. The Discussing Prison Rape Elimination Act video is in English and Spanish with closed captions and American Sign Language.

INTERVIEWS

Intake Staff Interview

Through the interview process, intake staff acknowledged detainees receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment upon arrival.

Furthermore, intake staff confirmed that within 15 days of intake, the agency/facility provides comprehensive education to detainees either in person or through video regarding:

- Their rights to be free from sexual abuse and sexual harassment.
- Their rights to be free from retaliation for reporting such incidents.
- GDC policies and procedures for responding to such incidents.
- How to make a report verbally, in writing, by third party or anonymously

Through the interview process intake staff acknowledged PREA related education and training is provided to all detainees upon transfer to a different facility to the extent the policies and procedures of the detainee's new facility differ from those of the previous facility.

Through the interview process intake staff indicated detainee education is in formats accessible to all detainees including, but not limited to those who are limited English proficient, hearing impaired, vision impaired, cognitively impaired, and those with limited reading skills.

During interviews with intake staff, it was confirmed all detainees who enter the facility are provided a Detainee Handbook upon admission. Further the intake staff indicated the detainees receive their PREA training immediately upon arrival, prior to their unit assignment. The detainees receive more in-depth PREA education during orientation in the days following their arrival.

Detainee Interviews

Through the interview process, detainees acknowledged receiving information explaining how to report incidents or suspicions of sexual abuse or sexual harassment.

During the detainee interviews, 100% of the detainees remembered receiving written PREA materials and a Detainee Handbook upon arrival. All the interviewees reported the material they received included information about the facility's zero tolerance policy and ways to report.

During interviews detainees confirmed they watched a video as part of their orientation process. Discussing PREA,

PROVISIONS

Provision (a)

According to the PAQ the facility reported detainees receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is not intended to be comprehensive, but an overview of the PREA standards, addressing important topics to make the detainee safer until they can be given a Comprehensive PREA education by staff. The intake staff verified this.

According to the PAQ the facility reported 826 detainees were admitted during the past twelve months and 100% of them received PREA information at intake. The intake staff verified this.

During the interview process intake staff confirmed detainees are given PREA information upon arrival followed by a Comprehensive PREA Education Orientation in the days following arrival.

During interviews detainees reported receiving PREA information upon arrival. Twenty-three detainees were interviewed and twenty-three (100%) reported receiving PREA information within 24 hours, or less, of their arrival.

The Auditor reviewed PREA education records for sixty detainees. The sixty detainee records reviewed revealed that 100% of detainees had received PREA intake material within 24 hours, or less, of arriving at the facility.

The C.H. Colwell Probation Detention Center, Detainee Handbook, revised February 2024, p. 20, informs the detainee of the Zero Tolerance policy, how to protect yourself from sexual abuse, and encouraging detainees to report sexual abuse immediately.

The C.H. Colwell Probation Detention Center, Detainee Handbook, revised February 2024, p. 21, informs the detainee they can call 7732 for the GDC PREA Hotline. Detainees who wish to remain anonymous or choose to report to an outside entity may do so in writing to State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King, Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, Georgia

30334. Third party reports may be made to the Ombudsman's Office at 478-992-5358.

The C.H. Colwell Probation Detention Center, Detainee Handbook, revised February 2024, p. 21, also states one of the most important things to remember if you are victimized is not to wash away the evidence.

- Don't Shower
- Don't Remove or Wash Your Cloths
- Don't Brush Your Teeth
- Get to Medical Immediately

The Colwell Probation Detention Center, Detainee Handbook, revised February 2024, p. 21, informs the detainees be advised this is a male facility and there are female staff members that work here. You are to remain clothed at all times unless in the shower. Announcements will be made when female staff members are on shift working and enter the living areas.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention PREA, effective date 6/23/2022, p. 21, 3, which states in part, information on the GDC's zero-tolerance policy for Sexual Abuse and Harassment and information on how to report an allegation at the receiving facility shall be provided to every detainee upon arrival to the facility. In addition to verbal information, detainees will be provided either an Attachment 17, PREA Detainee Brochure (English) or an Attachment 18, PREA Detainee Brochure (Spanish). Receipt of the initial PREA intake information will be documented in writing by signature of detainee and placed in the detainee's institutional file.

Provision (b)

According to the PAQ, the facility reported in the past twelve months there were 826 detainees who were admitted and whose length of stay at the facility was more than thirty days. The PAQ reflects 100% of detainees were provided the PREA 30-day Comprehensive Education which includes their right to be free from sexual abuse, right to be free from retaliation of any kind, sexual abuse zero tolerance policy, PREA Video "Discussing Prison Rape Elimination Act", Discussing PREA, as well as the policies and procedures for reporting. The PAQ reflected 100% of the detainees admitted to their facility in the past twelve months received the mandated information. The intake staff verified this.

The policy which addresses this provision is Georgia Department of Corrections, Discussing PREA video, dated February 23, 2023. This video is approximately 15 minutes long. It has closed captions and is available in English and Spanish. It also has an American Sign Language interpreter on screen in the right-hand corner. The video was created by Arks Media, LLC. The video discusses Zero Tolerance Policy for sexual abuse, sexual harassment, and sexual misconduct; definitions of sexual abuse,

sexual harassment and sexual misconduct; staff on detainee sexual harassment and sexual misconduct; the dynamics of sexual abuse and sexual harassment in a confinement setting; reasons detainees don't report; retaliation for reporting or for assisting with an investigation; imbalance of power between staff and detainees; prevention of sexual abuse in a confinement setting; know What to Look For; NO Means NO and YES is not allowed; how to report; where to report; every PREA report will be investigated; false reports; good faith reporting; what happens when you report; victim advocate; forensic examination; preserving important evidence; the investigation; detainee notification of the result of the investigation; receiving ongoing support services; staff responsibilities; and health relationships.

According to the PAQ the facility reported during orientation detainees receive comprehensive PREA information explaining:

1. The agency's zero tolerance policy regarding sexual abuse and sexual harassment (detainee brochure)
2. How to report incidents or suspicions of sexual abuse or sexual harassment (detainee brochure, hotline numbers posting list ways to report and the outside confidential support services posting list ways to secure emotional support)
3. Their right to be free from sexual abuse and sexual harassment (detainee brochure)
4. Their right to be free from retaliation from reporting such incidents (detainee brochure)
5. An overview of the agency's policies and procedures for responding to such incidents. (detainee handbook)
6. Notification that male and female staff routinely work and visit housing units (detainee handbook)

The intake staff confirmed, in addition to the six items listed above, detainees are notified of the prohibition against retaliation for reporting or assisting in the investigation of an allegation and the basics of the investigation process during orientation.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention PREA, effective date 6/23/2022, p. 21, 3, in part states within 15 days of arrival, a comprehensive PREA education training will be conducted by assigned staff members to all detainees which will include a gender appropriate video on Sexual Abuse. Receipt of the comprehensive education will be documented in writing by signature of detainee and placed in the detainee's institutional file.

In the case of Exigent Circumstances, such training may be delayed, but no more than 30 days. If the Exigent Circumstance extends beyond 30 days, justification and documentation must be placed in the detainee's institutional file. Once the Exigent Circumstance no longer applies, such training must be provided immediately. This

education is documented in the same manner as for detainees who participated during the regularly scheduled orientation.

During the interview process the detainees and the intake staff, confirmed detainees are provided PREA comprehensive education during orientation.

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

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

The Auditor reviewed the detainee comprehensive PREA education and found it addresses the following:

1. The Department's zero tolerance of sexual abuse and sexual harassment
2. Definition of sexual abuse and sexual harassment
3. Prevention strategies I can take to minimize my risk of sexual victimization while in Department custody
4. Methods of reporting an incident of sexually abusive behavior against me, and for reporting allegations of sexually abusive behavior involving other detainees
5. Treatment options and programs available to detainee victims of sexually abusive behavior and sexual harassment
6. Monitoring, discipline and prosecution of sexual perpetrators

As previously stated, the intake staff confirmed, in addition to the six items listed above, detainees are notified of male and female staff routinely working and visiting housing units, the prohibition against retaliation for reporting or assisting in the

investigation of an allegation and the basics of the investigation process during orientation.

The GDC, Colwell Probation Detention Center, Offender Handbook, revised 09-06-2023, Section XVII, PREA, pp. 47 - 53, is dedicated to PREA information. This section of the handbook covers topics such as zero tolerance of sexual abuse or sexual harassment, consensual and nonconsensual sex between detainees, ways to report alleged sexual abuse or sexual harassment, retaliation, good faith reporting, sexual misconduct between staff and detainees, and explanations of what is a PREA violation and what is not. It also provides a telephone number for the GDC PREA Hotline and the Ombudsman Office, as well as an email address email PREA.report@gdc.ga.gov. The address for the Statewide PREA Coordinator is provided for them to write an agency individual with PREA concerns. The address for the Director of Victim Services in Atlanta is provided for third parties to write with PREA concerns.

This is explained in a posting Reporting Is The First Step. This posting is broken down into 4 sections. The first section is Ways to Report via Telephone. This section lists four telephone numbers that are available to the detainee to report sexual abuse, sexual harassment or sexual misconduct. The second section is Ways to Report via Mail. This section lists three mailing addresses for detainees to report sexual abuse, sexual harassment or sexual misconduct. The third section is Ways to Report via Email. This section lists two emails for detainees to report sexual abuse, sexual harassment or sexual misconduct. The fourth section is Third Party Reporting. This section explains that a family member can report on the detainee's behalf using any of them methods listed on the posting. Every section also lists any conditions that might be related to confidentiality, if the information can be anonymous, etc.

The hotline information posted states anonymous reports can be made by dialing 7732.

The one-minute time frame to leave a report is standard throughout the Georgia Department of Corrections (GDC), as this is an agency hotline. The PREA Unit confirmed that zero detainees have made a complaint about the one-minute time frame being insufficient to report an allegation. Further, there is no limitation to how many times a detainee can call the hotline.

The Georgia Department of Corrections, PREA Detainee Information Guide Brochure outlines the zero-tolerance policy; the right to be free from sexual abuse and sexual harassment as well as retaliation for reporting such incidents. As a GDC brochure it is a statewide brochure and lists addresses and telephone numbers to contact to report an allegation. All information in the brochure is agency information. It lists methods of reporting as well as victim resources.

The Hotline Numbers posting lists three telephone numbers. Two are GDC hotline numbers and one is the telephone number to the Outside Confidential Support Services Agency. The posting spells out how to dial each number, how to make an anonymous report, is the line monitored and/or recorded, if the call is confidential, and if the call is free.

The Auditor reviewed PREA education records for twenty-eight detainees. The twenty-eight detainee records reviewed revealed that the detainee had received 30-day Comprehensive PREA education within 30 days of arriving at the facility. All of the mandated parts of PREA comprehensive education are covered through the ZERO Tolerance postings, the Hotline Numbers posting, the Outside Confidential Support Services posting, the Discussing Prison Rape Elimination Act” video, the Detainee Handbook, and the Detainee Information Guide Brochure.

Provision (c)

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

Provision (d)

The facility reported on the PAQ detainee PREA Education is available in formats accessible to all detainees, including those who are limited English proficient, hearing impaired, visually impaired, have limited reading skills and are otherwise disabled. Further the facility maintains documentation of detainee participation in PREA education sessions.

Limited English Proficient detainees are provided information in Spanish. The Auditor reviewed the PREA information. Every piece of material available in English is also available in Spanish. Additionally, the facility has access to LanguageLine for a plethora of other languages. There is also Video Remote Interpreting available in American Sign Language.

Hearing Impaired detainees are provided information visually, through videos and written words. There is also Video Remote Interpreting available in American Sign Language.

Visually Impaired detainees are provided information audibly, read by a staff member or via recorded messages or videos. Information is also available in Braille.

Cognitively impaired detainees are provided information audibly, read by a staff member or via recorded messages or videos.

Detainees with limited reading skills are provided information audibly, read by a staff member or via recorded messages or videos.

Provision (e)

According to the PAQ the facility reported it maintains documentation of detainee participation in PREA education sessions. The PCM verified this.

The Auditor reviewed attendance sheets for PREA Education for the past 12 months, confirming all detainees participated in Comprehensive PREA Education within 30

days of arrival. As stated in Provision (b) the Auditor reviewed PREA education records for twenty-eight detainees. The detainee records reviewed revealed that each detainee had received 30-day Comprehensive PREA education within 30 days of arriving at the facility.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 22, 3, b, indicates the facility shall maintain documentation of detainee participation in these education sessions in the detainee’s institutional file.

As indicated in Provision (b) 100% of detainees who entered the facility during the past 12-months received the required PREA training at intake and during orientation.

Provision (f)

According to the PAQ the facility reported it ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, detainee handbooks, or other written formats. The Auditor observed this during the facility tour.

See previous provisions for specific publications, formats and information.

CONCLUSION

After a review and analysis of the available evidence, the Auditor has determined the agency/facility meets every provision of the standard for detainee education.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Investigator NIC Training curriculum • Investigator Certificates <p><u>INTERVIEWS</u></p> <p>Investigative Staff Interviews</p>

Through the interview process investigative staff confirmed participation in and successfully completion of special investigator training. The training included proper use of Miranda and Garrity warnings, conducting Sexual Abuse/Sexual Harassment investigations in confinement settings.

PROVISIONS

Provision (a)

The facility reported on the PAQ that agency policy requires that investigators be trained in conducting sexual abuse investigations in confinement settings. Investigative staff verified this.

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

- a. All staff investigating Sexual Abuse/Sexual Harassment allegations must be specially trained in conducting Sexual Abuse/Sexual Harassment investigations in confinement settings.
- b. Specialized training shall include techniques for interviewing Sexual Abuse victims, proper use of Miranda and Garrity warnings, Sexual Abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
- c. The Department shall maintain documentation that agents and investigators, whether internal or external, have completed the required specialized training in conducting Sexual Abuse investigations.

Provision (b)

The facility reported on the PAQ that investigator specialized training includes techniques for interviewing sexual abuse victims, the proper use of Miranda and Garrity, Sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Investigative staff verified this.

As indicated in Provision (a), the investigative staff reported attending the required training and met all training requirements.

Provision (c)

The facility reported on the PAQ that the agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. Investigative staff verified this.

Currently there are three investigators.

Provision (d)

	<p>The Auditor is not required to audit this provision.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility does meet every provision of the standard which addresses policies regarding specialized training: investigations.</p>
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115.35	Specialized training: Medical and mental health care
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • NIC PREA 201 for Medical and Mental Health Practitioners Curriculum • NIC Certificates • Training Logs for GDC Employee/Contractor Training
	<p><u>INTERVIEWS</u></p>
	<p>Facility Head Interview</p> <p>Through the interview process, the Facility Head indicated that medical and mental health care practitioners received general and specialized PREA training.</p>
	<p>Medical Staff Interview</p> <p>Through the interview process, medical acknowledged they had received the general PREA training as well as PREA training specifically designed for medical and mental health practitioners.</p>
	<p>Mental Health Staff Interview</p> <p>Through the interview process, mental health staff acknowledged they had received the general PREA training as well as PREA training specifically designed for medical and mental health practitioners.</p>
	<p>PREA Compliance Manager (PCM) Interview</p> <p>Through the interview process, the PCM confirmed medical and mental health care practitioners employed by the agency/facility also receive training mandated for</p>

employees by §115.31.

PROVISIONS

Provision (a)

The facility reported on the PAQ the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. There are four medical and mental health care practitioners, who work regularly at the facility. They have all received the training required by agency policy. A review of the provided lesson plan/training materials demonstrate compliance with this training requirement. Through a review of training records and the interview process the Auditor was able to confirm that all training requirements have been met.

The facility reported on the PAQ that all medical staff and mental health staff are trained in GDC PREA policy during PSO and annual yearly in service training

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 23, 5 indicates GDC and contracted medical and mental health staff members will be trained annually. Proof of training will be maintained in the employee training file. In addition to the specialized training, these same employees are required to attend GDC's annual PREA in-service training.

Provision (b)

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

Provision (c)

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

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

Provision (d)

The facility reported on the PAQ that medical and mental health care practitioners employed by the agency also receive training mandated for employees, as well as contractors and volunteers. This was verified through the interview process with the medical and mental health staff.

All medical and mental health practitioners reported receiving specialized training.

The Auditor reviewed sign-in sheets and training materials that reflect the general PREA training that is mandated for agency/facility employees, contractors, and

	<p>volunteers outlined in policy and PREA standards. The NIC certifications and the electronic training records of the medical and mental health practitioners confirms both training curriculums were completed.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility does not meets every provision of the standard which addresses policies regarding specialized training: medical and mental health care.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022. • GDC, SOP 208.06. Attachment 2, Revised 06-23-2022. • Detainee Initial Risk Assessment Records. • Detainee Risk 30-Day Reassessment Records. <p>INTERVIEWS</p> <p>PREA Coordinator (PC) Interview</p> <p>Through the interview process the PC indicated medical staff, mental health staff, classification staff and the PCM have access to the screening information collected during intake. All information is limited to a need-to-know basis for staff, only for the purpose of treatment, security, and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments. The PC also verified the GDC does not detain detainees solely for civil immigration purposes.</p> <p>PREA Compliance Manager (PCM) Interview</p> <p>Through the interview process the PCM stated the purpose of the risk screening assessment is to make the detainee safer inside the facility. Information is collected through the risk screening that when taken as a whole, can be analyzed by staff to determine if a detainee is at higher-than-average risk for sexual victimization or abusiveness. It assist the staff of the institution in keeping detainees safer by housing potentially abusive detainees in a different area than those who are potential victims.</p>

Risk Screening Staff Interview

Through the interview process risk screening staff indicated the initial risk screening is completed within the first 24 hours after the detainee arrives. This initial screening considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. A second risk screening is completed within 30 days of the first risk screening. Additional screenings are also completed after a PREA allegation, if the detainee leaves the facility and returns to the facility, or new information becomes known regarding the possible safety of the detainee. Transgender detainees are risk assessed within 24 hours, within the first thirty days and a minimum of every six months thereafter.

Through the interview process, risk screening staff indicated detainees are not disciplined for refusal to answer questions during an assessment. It was reported they would prod to see what the opposition to answering the question was and then another attempt to engage the detainee would follow. However, disciplinary action would not be taken if the detainee chose not to respond.

Random Detainee Interviews

Through the interview process random detainees acknowledged being asked questions relative to their concern for sexual safety, and if they felt like they were in danger of being harmed. They remembered being asked questions about their sexual orientation, gender identity, if they had ever been sexually victimized and is this their first incarceration? They reported having their initial risk assessment within 24 hours of arriving at the facility and their 30-day risk assessment within a few weeks of arriving at the facility.

Transgender Detainee Interviews

At the time of the onsite audit there were no transgender detainees assigned to the facility. Consequently, no transgender detainees were interviewed for this standard.

PROVISIONS

Provision (a)

On the PAQ the facility reported there is a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other detainees.

The policy for which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 23, D, 1. The policy states all detainees shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other detainee or sexually abusive toward other detainee.

Through the interview process, 100% of the random detainees interviewed indicated

they had participated in a risk assessment within the first 24 hours of arrival. Further, 100% of the detainees interviewed indicated they were reassessed within several weeks of arrival. When asked, 100% of the detainees remembered being asked questions about their sexual orientation, gender identity, if they had ever been sexually victimized and was this their first incarceration?

The Auditor reviewed thirty detainee records. Those records showed that all (100%) of the thirty detainees had their initial 72-hour risk assessment completed within 24 hours of arrival.

Provision (b)

The facility reported on the PAQ that policy states detainees are screened for risk of sexual victimization or risk of abusing other detainees within 24 hours of arrival.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 23-24, D, 2, indicates Counseling staff members will conduct a screening for risk of victimization and abusiveness in SCRIBE using SCRIBE's version of Attachment 2, PREA Sexual Victim/Sexual Aggressor Classification Screening Instrument. This screening will be conducted within 24 hours of arrival at the facility and again within 30 days of arrival. Information from this assessment will be used to determine classification decisions with the goal of keeping separate detainees at elevated risk of being sexually victimized from those at elevated risk of being sexually abusive. Note: The results of the risk assessment should not hinder classification opportunities.

As stated in policy, counseling staff members conduct screening for risk of sexual victimization and abusiveness. All individuals who conduct risk assessments acknowledged they are completed within 24 hours of the detainee's arrival and then again within 30-days of arrival. The detainees (100%) acknowledged during interviews they had participated in a risk assessment upon arrival and had been reassessed within several weeks after the initial assessment.

The Auditor reviewed the PAQ which indicated in the past 12 months, 100% of 826 detainees were screened for the risk of sexual victimization or sexual abusiveness within 72 hours of their entry into the facility. While the PAQ states 72 hours, the policy and practice of the facility is for detainees to be screened for risk of sexual victimization or sexual abusiveness within 24 hours of their entry into the facility. In a review of thirty initial risk assessments all had been completed within 24 hours of arrival.

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

Provision (c)

On the PAQ the facility reported the risk assessment is conducted using an objective screening instrument. The Auditor reviewed a copy of the intake form and screening assessment form. Staff members who conduct Intake screenings utilize SOP 208.06. Attachment 2, Revised 06-23-2022 Screening Form. The detainee is reassessed within thirty days, after the initial meeting. Of the thirty records reviewed, thirty (100%) were reassessed within 30 days of arrival.

A review of the GDC, SOP 208.06. Attachment 2, Revised 06-23-2022, indicates the instrument is weighted and scored based upon responses to specific questions required in the Standard. Attachment 2 asks the questions required by the Standard and is a satisfactory assessment tool. Questions one through eight address the vulnerability of the detainee, and questions nine through fourteen address the possible sexual aggressiveness of the detainee. It adheres to the minimum criteria in the standard, as outlined in Provision (d).

Provision (d)

The facility reported on the PAQ that their risk screening instrument includes all the elements of this provision. The Auditor reviewed the risk screening document, GDC, SOP 208.06. Attachment 2, Revised 06-23-2022. The risk screening instrument does not address the question of detaining detainees solely for civil immigration purposes. However, the agency does not detain detainees solely for civil immigration purposes in any of their facilities. This was confirmed by the PC during the interview process. Therefore, for all intents and purposes the risk screening instrument includes the elements of this provision.

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

1. Is the detainee a former victim of institutional (prison or jail) rape or sexual assault?
2. Is the detainee 25 years old or younger or 60 years old or older?
3. Is the detainee small in physical stature? (BMA <18.5)
4. Does the detainee have a developmental disability/mental illness (disability) /physical disability?

NOTE: The assessment tool uses the phrase mental illness. A more accurate and inclusive term would be mental disability. As there are mental disabilities that are not considered mental illness. I realize this tool is an attachment to the PREA policy and as such cannot be changed as if it were a random independent form. Having said that I am recommending the process begin that would allow this wording to be changed. In the meantime I am recommending at the facility level that it be changed by hand to the original attachment before copies are made.

5. Is this the detainee's first incarceration ever (prison or jail)

6. Is or is perceived to be gay/lesbian/bisexual/transgender/intersex or gender non-conforming?
7. Does the detainee have a history of prior sexual victimization (sex abuse)?
8. The detainee's own perception of being vulnerable?
9. Does the detainee have a criminal history (convictions) that is exclusively non-violent?
10. Does the detainee have a conviction(s) for sex offenses against adult and/or child?
11. Does the detainee have a history of institutional (prison or jail) sexually aggressive behavior?
12. Does the detainee have a history of sexual abuse/sexual assault toward others (adult and/or children)?
13. Is the detainee's current offense sexual abuse/sexual assault toward others (adult and/or children)?
14. Does the detainee have a prior conviction(s) for violent offenses?

The scoring of the assessment is one point for each yes answer given to a question or part of a question. If a question has more than one part, then one point is given for each part of the question that is answered yes. An example would be question 4. If a detainee has a developmental disability and a physical disability, that would be a total of 2 points for the question.

Provision (e)

The facility reported on the PAQ that the initial risk screening considers prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse, as known to the agency, in assessing detainees for risk of being sexually abusive. This was confirmed by risk screening staff during the interview process. The questions referring to those things was also noted by the Auditor during the document review.

Through the interview process, risk screening staff acknowledged monitoring the detainee population, and re-assessing detainees when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that may have bearing on the detainee's risk of victimization or abusiveness.

Provision (f)

The facility reported on the PAQ that detainees are reassessed within thirty days of arrival at the facility. Additionally, the detainee will be reassessed for risk of victimization or abusiveness based on any additional relevant information received by the facility after the initial screening. This information was confirmed by the screening staff during the interview process.

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

The Auditor reviewed the PAQ which indicated that within the past 12 months, 826 detainees remained in the facility longer than 30-days from arrival. The facility reported 100% of the 826 detainees were re-assessed for the risk of sexual victimization or risk of sexually abusiveness of other detainees within 30-days of their entry into the facility.

Of the thirty detainee records which were reviewed by the Auditor, the initial risk assessment was completed within 24 hours of arrival 100% of the time. Of the thirty detainees, thirty (100%) were reassessed within thirty days of arrival.

Provision (g)

On the PAQ the facility reported a detainee's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness. This was verified by the risk screening staff through the interview process.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 24, D, 2, c, indicates an detainee will also be re-screened when warranted due to a referral, request, incident of Sexual Abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness.

According to the interviews with risk screening staff they reassess detainees within 30-days of their arrival. Detainees are also reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness.

Provision (h)

The facility reported on the PAQ detainees are not disciplined for refusing to answer or for not disclosing complete information in response to questions asked during the assessment. This was verified by the risk screening staff during the interview process.

All individuals who conduct risk screenings acknowledged, during formal interviews and informal conversations, detainees are not disciplined for not answering questions on the screening instrument. They indicated they were willing to explain why the question was important and how the information obtained could help the detainee be safer, but if after explanation the detainee did not want to answer the question they would move to the next question. It was indicated they would ask the question at

another time if the opportunity presented itself.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 24, D, 23, indicates, detainees should be encouraged to disclose as much information as possible for the Department to provide the most protection possible under this policy. If a detainee chooses not to respond to questions relating to his or her level of risk, the detainee may not be disciplined.

Provision (i)

The facility reported on the PAQ that they control the dissemination within the facility of responses to questions asked during risk screening to ensure that sensitive information is not exploited to the detainee's detriment by staff or other detainees. Through a formal interview and informal conversations, the PREA Coordinator (PC) indicated medical staff, mental health staff, classification staff, intake staff and the PCM have access to the screening information collected during intake. All information is limited to a need-to-know basis for staff, and is only for the purpose of treatment, security, and management decisions, such as housing and cell assignments, as well as work, education, and programming assignments. The risk screening staff echoed this information.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates staff shall use appropriate controls to disseminate responses to questions asked pursuant to this plan within the units, ensuring that sensitive information is not exploited to the detriment of any detainee by staff or other detainee.

CONCLUSION

The facility consistently conducts the initial 72-hour risk assessments on new arrivals within 24 hours of arrival, which is something to be commended and acknowledged.

After the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets the standard which addresses Screening for Risk of Sexual. Victimization and Abusiveness.

RECOMMENDATION: The assessment tool uses the phrase mental illness. A more accurate and inclusive term would be mental disability. As there are mental disabilities that are not considered mental illness. I realize this tool is an attachment to the PREA policy and as such cannot be changed as if it were a random independent form. Having said that I am recommending the process begin that would allow this wording to be changed on Attachment 7, number 4. In the meantime, I am recommending at the facility level that it be changed by hand on the original attachment before new copies are made to read mental disability rather than mental illness.

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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Subject: PREA Standard 115.13, Facility PREA Staffing Plan, effective date 7/01/2023 <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC) Interview</p> <p>Through the interview process the PC indicated according to policy, the gender identification of each detainee is initially determined by their legal sex assignment, generally at birth; however, from that point forward every detainee is individually assessed and classified to ensure the safety of the detainee, as well as the safety of the detainee population.</p> <p>Through the interview process the PC indicated the transgender or intersex detainee’s views of their own safety is given great weight when making decisions regarding housing placement or programming assignments. Further regular classification reassessments are conducted a minimum of every six months, or if the detainee is involved in an incident of a sexual nature. Additionally, these detainees are interviewed further to determine enemies and potential or perceived threats. Housing placement and programming assignments are based on this information.</p> <p>Staff Responsible for Risk Screening Interview</p> <p>Through the interview process, staff responsible for risk screening, indicated because of the assessment procedures being utilized, each detainee is individually evaluated. Staff not only use the assessment procedures which are in place, additional consideration is given to the discussions with each individual detainee when making classification and housing decisions.</p>

PREA Compliance Manager (PCM) Interview

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

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

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

Transgender Detainee Interviews

At the time of the onsite audit there were no transgender detainees assigned to the facility. Consequently, no transgender detainees were interview for this standard.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency/facility uses information from the risk screening required to inform housing, bed, work, education, and program assignments with the goal of keeping separate those detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. The PCM verified this.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 24, 4, indicates the Warden/Superintendent shall designate safe housing for those offenders identified as highly vulnerable to Sexual Abuse. Location(s) shall be identified in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan and in Attachment 11, Staffing Plan Template.

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

Provision (b)

The facility reported in the PAQ that the agency/facility makes individualized determinations about how to ensure the safety of each detainee.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 24-25, 5, indicates in deciding whether to assign a Transgender or Intersex offender to a male or female facility and in making other housing and programming assignments, the Department shall consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether the placement would present management or security problems in accordance with SOP 220.09, Classification and Management of Transgender and Intersex Offenders.

Provision (c)

The facility reported on the PAQ that in making housing and programming assignments, the agency/facility shall consider on a case-by-case basis whether a placement of a transgender or intersex detainee would present management or security problems.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019, pp. 4-5, Section IV, 8, a-d states diagnostics staff will assist in gaining information about safe housing for transgender and intersex offenders by doing the following:

a. Staff will conduct a classification interview for each offender to explore:

- i. Medical and mental health issues;
- ii. Public and institutional risk factors;
- iii. Educational;
- iv. Vocational;
- v. Drug or alcohol involvement;
- vi. Work history;
- vii. The PREA Sexual Victim/Sexual Aggressor Classification Screening;
- viii. Any other areas pertinent to the needs and facility placement of the offender; and
- This information shall be used to complete the Personal Data Sheet on all offenders.

b. Each area will be discussed in depth to develop the Classification Profile;

c. Specific recommendations will be made by the interviewer, relating to:

- i. The offender's needs;
- ii. Possible program assignments; and
- iii. Housing placement

d. If it is known that the offender is transgender or intersex on the sexual safety risk screening, then the diagnostics staff will complete the facility section of Attachment 1, Statewide Classification Committee (SCC) Referral Form and submit it to their Classification Committee for approval;

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019, pp. 5-6, Section IV, 9, a-e states once the Classification Committee is notified of the offender's status, the Chairperson must ensure the following is completed:

- a. The Classification Chairperson will review and forward the approved Statewide Classification Committee Referral Form to the PREA Unit via prea.report@gdc.ga.gov;
- b. The Chairperson must enter the appropriate profile on the Transgender and Intersex Offender List (TIOL) in SCRIBE, which will include all intersex and transgender offenders in GDC custody;
- c. The Classification Committee will determine, on a case-by-case basis, the most appropriate classification assignments for each transgender offender;
- d. Transgender offenders must never be placed in dedicated units or housed only with other transgender offenders; and
- e. The offenders' own views with respect to their safety should be given serious consideration.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019, p. 6, Section IV, 10, a-c states the GDC PREA Unit will:

- a. Ensure that the facility has entered the correct profile on the TIOL;
- b. Arrange a private meeting with the offender in person, via video or telephone call within ten 10 business days of receiving the Statewide Classification Committee Referral Form; and
- c. During the private meeting, the PREA Unit designee will complete the Transgender Questionnaire portion of the SCC Referral Form and make a recommendation to the remaining SCC Committee Members for review.

Provision (d)

The facility reported on the PAQ that placement and programming assignments for each transgender or intersex detainee are reassessed at least twice each year to review any threats to safety experienced by the detainee. The risk screening staff verified this.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination

Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates placement and programming assignments for each transgender or intersex offender shall be reassessed semiannually to review any threats to safety experienced by the offender.

Provision (e)

The facility reported on the PAQ that each transgender or intersex detainee's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments. The risk screening staff and the transgender detainees verified this.

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

Provision (f)

The facility reported on the PAQ that transgender and intersex detainees are given the opportunity to shower separately from other detainees. The PCM and transgender detainees verified this.

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

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

Provision (g)

The facility reported on the PAQ that 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 detainees, the agency always refrain from placing lesbian, gay, and bisexual detainees in dedicated facilities, units, or wings solely on the basis of such identification or status. The PC verified this.

	<p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 220.09, Classification and Management of Transgender and Intersex Offenders, effective date 7/26/2019, indicates LGBTI offenders shall not be placed in dedicated facilities, units, or wings solely based on this identification or status, unless the placement is in a dedicated unit wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting these offenders.</p> <p><u>CONCLUSIONS</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard requiring the use of screening information.</p>
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115.43	Protective Custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee</p> <p>Through the interview process the facility head reported that every placement in segregated housing, regardless of reason is documented and reviewed a minimum of every thirty days.</p> <p>PREA Compliance Manager (PCM)</p> <p>Through the interview process the PCM indicated there have not been any detainee placed in protective custody or involuntary administrative/punitive segregation in the past twelve months for risk of sexual victimization or because they were a victim of sexual abuse.</p> <p>Staff Who Supervise Detainee in Segregated Housing</p> <p>Through the formal interview process and informal conversations, Segregated Housing Staff reported that they had not observed a victim of sexual abuse or</p>

retaliation to be involuntarily placed in the Segregation Unit.

Detainee in Segregated Housing

At the time of the on-site audit there were no detainees in segregated housing because they had alleged sexual abuse. Consequently no detainees could be interviewed regarding this Standard.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency has a policy prohibiting the placement of detainee at elevated risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from abusers. The facility reported on the PAQ that in the past twelve months there had not been any detainees placed into involuntary administrative or punitive segregation in accordance with this standard. The PCM indicated there had not been any detainees placed in protective custody in the past twelve months. Consequently, no detainees were interviewed relative to this standard. This Facility Head verified this.

The policy that addresses this provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates offenders at high risk for sexual victimization shall not be placed in protective safekeeping unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment is not completed immediately, the staff may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours.

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

a. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation.

b. The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

c. If offenders placed in segregated housing for this purpose have restricted access to programs, privileges, education, or work opportunities, then the facility shall document: 1) the opportunities that have been limited, 2) the duration of the limitation, and 3) the reasons for such limitations.

d. Every 30 days, the facility shall conduct and document a review for each such offender to determine whether there is a continuing need for separation from the general population.

Provision (b)

The facility reported on the PAQ that in the unlikelihood that a detainee is placed in segregated housing for this purpose, that detainee will have access to programs, privileges, education and work opportunities to the extent possible. The Facility Head verified this.

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

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

The facility reported on the PAQ that during the past twelve months there have been no detainee placed into involuntary administrative or punitive segregation in accordance with this standard. The Facility Head confirmed this information. Consequently, no detainees were interviewed relative to this provision.

Provision (c)

The facility reported on the PAQ that in the past 12 months, zero detainees at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. The PCM verified this.

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

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

Provision (d)

The facility reported on the PAQ that during the past twelve months there have been zero detainee placed into involuntary administrative or punitive segregation in accordance with this standard, specific to a period longer than 30-days, while awaiting alternative placement. Consequently, no detainees were interviewed relative to this provision. This was verified by the staff who supervise detainees in segregated housing.

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

Provision (e)

The facility reported on the PAQ that during the past twelve months there have been zero detainee placed into protective custody in accordance with this standard. This was confirmed by the PCM. Consequently, no detainees were interviewed relative to this provision.

This provision is addressed in Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 8, d, indicates every 30 days, the facility shall conduct a review to determine if there is a continuing need for separation of the offender from the general population.

CONCLUSION

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

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Offender PREA Brochure (English and Spanish)
- Staff Guide on Prevention and Reporting of Sexual Misconduct with Offenders

OBSERVATIONS

During the on-site portion of the audit, the Auditor observed different PREA posters in both English and Spanish throughout the facility. These posters were observed in each housing unit, communal areas, main hallways, intake holding area, dining room, etc. The

The Auditor checked numerous detainee telephones throughout the facility, and all were in working order and readily available in each housing unit. Each phone that was evaluated was in working order and could be used to call out.

INTERVIEWS

PREA Compliance Manager (PCM) Interview

Throughout the interview process the PCM reported detainees could report abuse or harassment to a public or private entity.

Detainees can report to the State Board of Pardons and Paroles, Office of Victim Services, as a reporting entity that is outside of the facility/agency.

Random Staff Interviews

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

Detainees can report allegations of sexual abuse and sexual harassment verbally, in writing, anonymously, and from third parties.

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

Random and Targeted Detainees Interviews

Through the interview process the detainees reported they were aware of multiple ways to report incidents of sexual abuse or sexual harassment. These included using the hotline number, contacting the PCM, having family members contact the institution, contacting a staff member.

PROVISIONS

Provision (a):

The facility reported on the PAQ that the agency provide multiple internal ways for detainees to privately report:

- Sexual abuse and sexual harassment
- Retaliation by other detainees or staff for reporting sexual abuse and sexual harassment
- Staff neglect or violation of responsibilities that may have contributed to such incidents

This was verified by the PCM during the interview process.

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

a. Offenders may make a report of Sexual Abuse, Sexual Harassment, or retaliation by any of the following methods: in writing, or verbally, through internal or external methods available. Offenders shall be encouraged to report allegations immediately and directly to a staff member. All reports will be promptly documented and investigated. Offenders may choose to report these allegations anonymously.

b. The Department may choose to maintain a Sexual Abuse hotline, currently known as the "PREA hotline." Hotline calls will not require the use of the offender's PIN number. Should a Sexual Abuse hotline be maintained, monitoring of this line will be the responsibility of the OPS, with immediate oversight by the Department's PREA Coordinator or designee.

Provision (b)

The facility reported on the PAQ that the agency provides at least one way for detainees to report abuse or harassment to a public or private entity or office that is not part of the agency. This was confirmed by the PCM during the interview process.

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

1. The Ombudsman's Office at P.O. Box 1529, Forsyth, GA 31029, 478-992-5358;

- ii. By email to the PREA Coordinator at PREA.report@gdc.ga.gov; and
- iii. State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King Drive, S.E. Balcony Level, East Tower, Atlanta, GA 30334

The Ombudsman Office and the PREA Coordinator Office are both part of the agency. The State Board of Pardons and Paroles, Office of Victim Services, is not part of the agency.

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

Provision (c)

The facility reported on the PAQ that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The staff promptly documents any verbal reports of sexual abuse and sexual harassment. This was verified by the random staff during the interview process.

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

Provision (d)

The PAQ indicates the agency provides a method for staff to privately report sexual abuse and sexual harassment of detainees. This was verified by the PCM during the interview process.

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

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

CONCLUSIONS

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

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

INTERVIEWS

Staff Interviews

Through the interview process with staff, it was reported allegations of sexual abuse and sexual harassment are not grievable issues.

Detainees Interviews

Through formal interviews and informal conversations with detainees, it was reported allegations of sexual abuse and sexual harassment are not grievable issues.

PROVISIONS

Provision (a):

The facility reported on the PAQ that sexual abuse and sexual harassment are not grievable issues. This was verified by staff during the interview process. If a grievance form is received with a PREA allegation on it, it is treated as a written report and is forwarded immediately for investigation. However, it does not proceed through the grievance process.

The policy related to this provision is Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, E, 3, indicates allegations of sexual abuse and sexual harassment are not grievable issues. They should be reported in accordance with methods outlined in this policy.

Provision (b)

N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.

Provision (c)

N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.

	<p>Provision (d)</p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p>Provision (e)</p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p>Provision (f)</p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p>Provision (g)</p> <p>N/A - As stated in Provision (a) allegations of sexual abuse and sexual harassment are not grievable issues.</p> <p><u>CONCLUSION:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding exhaustion of administrative remedies.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Documentation of pending MOU with S.A.F.E. Inc. • PREA Detainee Information Guide Brochure, undated. • Hotline Numbers posting • Outside Confidential Support Services Agency Information postings • Offender Handbook, C.H. Colwell Probation Detention Center, dated February 2024 • Detainee Intake Package <p><u>INTERVIEWS</u></p>

Detainee Interviews

Through the interview process detainees indicated they did know of an Outside Confidential Support Services agency they could contact for emotional support.

PREA Compliance Manager (PCM) Interviews

Through the interview process the PCM indicated the facility does have an MOU with an outside confidential support services agency.

PROVISIONS

Provision (a)

On the PAQ the facility reported it does provide detainees with access to outside victim advocates for emotional support services related to sexual abuse. This was verified by the PCM.

On the PAQ the facility reported the agency/facility provides detainees with access to such services by giving detainees mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations

On the PAQ the facility reported the facility/agency does not detain individuals solely for immigration purposes.

On the PAQ the facility reported the facility/agency provides detainees with access to such services by enabling reasonable communication between detainees and these organizations in as confidential a manner as possible.

The policy related to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 17, B, e, indicates the Institution PREA Compliance Manager, under the direction of the Warden/Superintendent, shall attempt to enter into agreement, or Memorandum of Understanding (MOU), with a rape crisis center to make available a victim advocate to offenders alleging Sexual Abuse/Sexual Harassment upon request. If the facility cannot do so, efforts must be documented, and local staff shall be identified and specially trained to provide this service. If a MOU is entered, the contact information for the provider, including mailing addresses and telephone numbers (including toll-free hotline numbers where available) will be posted in all areas accessible to detainees. In addition, the facility will include in this posting information the extent to which such communications will be allowed and monitored. Documentation of training must be maintained by the employee's manager and made available to the local PREA Compliance Manager upon request. The facility advocate must ensure completion of Attachment 12, PREA Victim Advocate Request Form on all allegations of Sexual Harassment or Sexual Abuse. Note: Any agreement must be approved through the Legal Services Office prior to implementation.

Provision (b)

	<p>The facility reported on the PAQ that the agency/facility informs detainees, prior to giving them access to outside support services, the extent to which such communications will be monitored.</p> <p>The facility reported on the PAQ that the agency/facility informs detainees, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.</p> <p>The policy related to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 18, B, f, indicates victim advocates from the community used by the facility shall be pre-approved through the appropriate screening process and subject to the same requirements as contractors and volunteers who have contact with offenders. The victim advocate serves as emotional and broad support, navigating the offender through the treatment, evidence collection, and investigation process. The victim advocate has access to the offender like that of medical staff at the facility. Victim advocates are not authorized to make decisions regarding offender care or interfere with escort, security, or investigation procedures that are deemed necessary by the facility/investigator.</p> <p>Provision (c)</p> <p>The facility reported on the PAQ that the agency/facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide detainees with emotional support services related to sexual abuse has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties</p> <p>The facility reported on the PAQ that the agency/facility maintains copies of MOU's.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility does meet every provision of the standard regarding detainee access to outside confidential support services.</p>
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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- GDC PREA Offender Brochure, undated
- GDC Website <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

INTERVIEWS

Random Inmates Interviews

Through the interview process the inmates indicated they were aware of third-party reporting and would use it if necessary. The facility/agency publicly distributes information on how to report detainee sexual abuse or sexual harassment on behalf of detainees.

Provision (a)

On the PAQ the facility reported the facility/agency provides a method to receive third-party reports of detainee sexual abuse or sexual harassment. The methods provided are listed in the GDC Detainee Brochure, undated and on the agency's website <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, pp. 26-27, E. 2, a, i-iii, indicates a. Third party reports may be made to:

- i. The Ombudsman's Office at P.O. Box 1529, Forsyth, GA 31029, 478-992-5358.
- ii. By email to the PREA Coordinator at PREA.report@gdc.ga.gov; and
- iii. State Board of Pardons and Paroles, Office of Victim Services, 2 Martin Luther King Jr. Drive, S.E., Balcony Level, East Tower, Atlanta, GA 30334.

The website, offender brochure and posted notices assist third party reporters in reporting allegations of sexual abuse or sexual harassment. The random inmates (100%) interviewed indicated they were aware of third-party reporting methods.

CONCLUSION

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

115.61	Staff and agency reporting duties
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 576 378"><u>DOCUMENT REVIEW</u></p> <ul data-bbox="331 445 1437 647" style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p data-bbox="256 692 456 725"><u>INTERVIEWS</u></p> <p data-bbox="256 770 823 804">Facility Head or Designee Interview</p> <p data-bbox="256 837 1453 1117">During the interview process the Facility Head acknowledged awareness of this requirement and the directive to report any abuse allegations to the appropriate agency, as required by law, as well as the PCM and agency investigators. The staff are to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The same reporting directive goes for retaliation or staff neglect as it related to sexual abuse or sexual harassment.</p> <p data-bbox="256 1162 616 1196">PREA Coordinator (PC)</p> <p data-bbox="256 1229 1477 1341">During the interview process, the PC confirmed the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigator.</p> <p data-bbox="256 1386 1054 1420">Medical and Mental Health Practitioner Interviews</p> <p data-bbox="256 1453 1477 1700">During the interview process, medical and mental health individuals acknowledged this requirement and were able to express how they would immediately report an allegation of sexual abuse. Further, each verbalized their understanding of the policy as well as their rights and responsibilities. They all articulated they were obligated to advise the victim (detainee) of the limitations of confidentiality, due to the mandatory reporting law, prior to the initiation of services.</p> <p data-bbox="256 1744 647 1778">Random Staff Interviews</p> <p data-bbox="256 1812 1477 2092">During the interview process, staff acknowledged this requirement and were able to articulate how they would immediately report an allegation of sexual abuse in a manner compliant with policy. Moreover, each verbalized information received from a victim should remain confidential, with them only notifying staff that needed to know, i.e., their supervisor, medical staff, etc. Revealing any information related to a sexual abuse report to anyone is prohibited unless it is needed for treatment, investigation, security or management. All (100%) staff indicated PREA-related allegations and</p>

reports go to the PCM, who then notifies the investigative staff.

PROVISIONS

Provision (a)

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

The policy related to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, E, 2, c, indicates staff members shall forward all reports or suspicions of sexual abuse or sexual harassment to their immediate supervisor or the designated SART member promptly. Staff members shall immediately report, according to policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurs; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Provision (b)

The facility reported on the PAQ that apart from reporting to designated supervisors or officials, staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. This was verified by random staff.

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

Provision (c)

The facility reported on the PAQ that medical and mental health practitioners are required to inform detainees of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. This was verified by medical and mental health practitioners during the interview process.

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

	<p>Provision (d)</p> <p>The facility reported on the PAQ that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency reports the allegation to the designated State or local services agency under applicable mandatory reporting laws. This was verified by the Facility Head.</p> <p>The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting Laws.</p> <p>Provision (e)</p> <p>The facility reported on the PAQ that the facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigator. The PREA Coordinator verified this through the interview process.</p> <p>The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates all staff members shall immediately report, according to policy, any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurs; retaliation against offenders or staff who reported an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding staff and agency reporting duties.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<u>DOCUMENT REVIEW</u>

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 7, PREA Local Procedure Directive and Coordinated Response Plan

INTERVIEW

Facility Head or Designee

Through the interview process the Facility Head acknowledged immediate action to protect the victim (detainee) would be taken. The victim might be moved to another area of the facility or to another facility all together, depending on what was needed to protect the victim. The perpetrator, if known, would be placed in segregated housing.

Random Staff Interviews

Through the interview process staff acknowledged if they receive an allegation from a detainee, they would immediately separate the victim and the perpetrator, safeguard the victim, contact their supervisor, and preserve evidence. The first action would be to protect the detainee.

PROVISIONS

Provision (a)

The facility reported on the PAQ that when the agency/facility learns that a detainee is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the detainee. However, in the past twelve months, the agency/facility reports zero determinations that a detainee was subject to a substantial risk of imminent sexual abuse.

This was confirmed through formal interviews and informal conversations with random staff and the Facility Head.

The provision is addressed by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 7, PREA Local Procedure Directive and Coordinated Response Plan provides a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. When the agency/facility learns that a detainee is subject to a substantial risk of imminent sexual abuse it takes

	<p>immediate action to protect the detainee.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding agency protection duties.</p>
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115.63	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>INTERVIEWS</u></p> <p>Agency Head Designee Interview</p> <p>Through the interview process the Agency Head Designee confirmed any notification received regarding a PREA incident, whether it be sexual abuse or sexual harassment or staff sexual misconduct that occurred within any facility will be investigated in accordance with the guidelines of the GDC.</p> <p>Facility Head Interview</p> <p>Through the interview process the Facility Head indicated once an allegation of sexual abuse or sexual harassment is received from another agency, it is immediately assigned for investigation. When a detainee reports sexual abuse or sexual harassment that occurred at another facility, the facility where it occurred is notified as soon as possible, but no later than 72 hours.</p> <p>Provision (a)</p> <p>The facility reported in the PAQ that upon receiving an allegation that a detainee was sexually abused while confined at another facility, the head of the facility that received the allegation notifies the head of the facility or appropriate office of the agency where the alleged abuse occurred. The facility reported receiving zero allegation in the past twelve months that a detainee was abused while confined at another facility. The Facility Head verified it.</p>

The policy that is related to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 27, 2, a, indicates in cases where there is an allegation that Sexual Abuse occurred at another Department facility, the Warden/Superintendent (or his/her designee) of the victim's current facility will provide notification to the Warden/Superintendent of the institution where the allegation allegedly occurred and the Department's PREA Coordinator. In cases alleging Sexual Abuse by Staff at another institution, the Warden/Superintendent of the offender's current facility refers the matter directly to the Regional SAC and the Department's PREA Coordinator. For non-Department facilities, the Warden/Superintendent will notify the appropriate office of the facility where the abuse allegedly occurred and the Department's PREA Coordinator.

Provision (b)

The facility reported on the PAQ that the agency policy requires the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. The Facility Head verified this.

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

Provision (c)

The facility reported on the PAQ that it documents that it has provided such notification within 72 hours of receiving the allegation. The facility reported it did not need to make any notification in the past twelve months. The Facility Head verified this.

As outlined in Provision (b) policy requires that any detainee allegation of sexual abuse occurring while confined at another facility be reported to the Facility Head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation.

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

Provision (d)

The facility reported on the PAQ that the facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the

	<p>PREA standards. In the past twelve months the facility reported it received zero allegations of sexual abuse from another facility. The Facility Head verified this.</p> <p>This provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 2, d, indicates the facility head or Department office that receives such notification shall ensure that the allegation is investigated only if a previous investigation did not occur.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility does meet every provision of the standard regarding reporting to other confinement agencies.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p>INTERVIEWS</p> <p>Security Staff - First Responders Interview</p> <p>Through the interview process, security staff first responders acknowledged training in the PREA process through annual in-service training, on the job training, and staff meetings.</p> <p>Non-Security First Responders Interview</p> <p>Through the interview process, non-security staff indicated they would notify security staff, separate the victim and the perpetrator, direct the victim and the perpetrator not to do anything to destroy evidence and keep the scene secure until security staff arrived. They verbalized the importance of, as well as their understanding of the need for confidentiality in all cases.</p> <p>Random Staff Interviews</p>

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

Detainees Who Reported Sexual Abuse Interview

At the time of the onsite audit there were not any detainees who had reported sexual abuse in the facility. Consequently, none could be interviewed for this provision.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency has a first responder policy for allegations of sexual abuse. The security and non-security first responders verified this.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 3, indicates each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of Sexual Abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan will be kept current and include names and telephone numbers of coordinating parties and be a part of Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.

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

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

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

1. Identify, separate and secure detainees involved, if necessary.
2. Identify the crime scene and maintain the integrity of the scene for evidence gathering.
3. Notify a shift supervisor of the incident as soon as practical.
4. Do not allow any detainees involved to shower, wash, drink, brush teeth, eat,

defecate, urinate, or change clothes until examined if doing so could be expected to destroy biological, forensic, or physical evidence related to such sexual abuse.

5. Promptly document incident on CN 6601, Incident Report and forward to a shift supervisor in accordance with Administrative Directive 6.6, Reporting of Incidents.
6. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

According to the PAQ in the past twelve months, there were three allegations that a detainee was sexually abused. Of these allegations of sexual abuse in the past twelve months, the first security staff member to respond to the report separated the alleged victim and abuse three times. Staff were notified within a period that still allowed for the collection of physical evidence three times.

Of these allegations in the past twelve months where staff were notified within a period that still allowed for the collection of physical evidence, three times the first security staff member responded to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence. The first responder waited for SART to collect evidence.

Of these allegations in the past twelve months where staff were notified within a time period that still allowed for the collection of physical evidence, three times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The victim remained under the constant supervision of a staff member until SART arrived. The SART team ensure the victim did not destroy any evidence.

Of these allegations in the past twelve months where staff were notified within a time period that still allowed for the collection of physical evidence, three times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The abuser remained under the constant supervision of another staff member until SART arrived. The SART team ensure the abuser did not destroy any evidence.

Provision (b)

The facility reported on the PAQ that the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence.

Of the allegations that a detainee was sexually abused in the past twelve months, a non-security staff member was the first responder zero times.

	<p>The Auditor’s review of the PREA training curriculum that all staff, volunteers, and contractors received, identifies whoever received the information first, as a First Responder, including staff, volunteers, and contractors. As a first responder these individuals are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the alleged perpetrator, remove all uninvolved parties, relay any observations to the Shift Supervisor or PCM.</p> <p><u>CONCLUSION:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility does not meets every provision of the standard regarding staff first responder duties.</p>
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115.65	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 7, Colwell Probation Detention Center, PREA Local Procedure Directive and Coordinated Response Plan, Revised 06-23-202 <p><u>INTERVIEW</u></p> <p>Facility Head Interview</p> <p>Through the interview process the Facility Head confirmed the coordinated response plan breaks down what the various responsibilities are for the respective staff members and positions. Training is provided routinely through annual in-service training, monthly staff meetings and on-the-job training.</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p> <p>The facility reported on the PAQ they have 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</p>

	<p>sexual abuse. The Facility Head verified this.</p> <p>There are two policies that address this provision:</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 3, indicates each facility shall develop a written institutional plan to coordinate actions taken in response to an incident of Sexual Abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. This plan will be kept current and include names and telephone numbers of coordinating parties and be a part of Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan.</p> <p>Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 7, Colwell Probation Detention Center, PREA Local Procedure Directive and Coordinated Response Plan, Revised 06-23-2022, is a two page document and the purpose of the document is to provide a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. This plan provides contact information for everyone who will need to be notified during the reporting and investigating of a PREA allegation. It breaks down the reporting duties into 15 steps, which are well thought out and measurable. It takes into consideration victimization screening, safe housing and identifying “at risk” detainees in the facility.</p> <p><u>CONCLUSION:</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding coordinated response.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually

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

INTERVIEW

Agency Head or Designee Interview

Through the interview process the Agency Head Designee indicated the State of Georgia does not enter into collective bargaining.

PROVISIONS

Provision (a)

The facility reported on the PAQ, the State of Georgia does not enter into collective bargaining. The Agency Head Designee verified this

Provision (b)

Auditors are not required to audit this provision.

CONCLUSION

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding preservation of ability to protect detainees from contact with abusers.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none">• Pre-Audit Questionnaire (PAQ) and supporting documentation.• Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022• GDC, Standard Operating Procedures (SOP), Policy Number: 208.06, Attachment 8, Retaliation Monitoring Checklist, effective date 6/23/2022• Superintendent Memorandum, PREA Retaliation Monitor, dated 01/02/24 <p><u>INTERVIEWS</u></p> <p>Agency Head or Designee Interview</p>

Retaliation monitoring is for a period of 90 days after an allegation. It begins the day of the allegation, for 90 days. If the allegation is deemed to be unfounded, the monitoring can stop. Anyone associated with the allegation in any way that is in fear of retaliation is monitored.

Facility Head or Designee Interview

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

Retaliation Monitor Interview

Through the interview process the Retaliation Monitor indicated that retaliation is taken very seriously at the facility. The Retaliation Monitor emphasizes to staff and detainees that they are to speak about PREA without fear of retaliation. Retaliation monitoring is generally for the victim of the alleged abuse; however, if any other individual who cooperates with an investigation expresses fear of retaliation, they will be monitored as well.

Retaliation monitoring lasts for a period of 90 days from the day of the allegation unless an extension is needed. Retaliation monitoring includes a minimum of monthly status checks on the individual being monitored. These status checks are documented on Attachment 8, Retaliation Monitoring Checklist. In the past twelve months there were zero instances of retaliation.

Detainees in Segregated Housing for Risk of Sexual Abuse

At the time of the on-site audit, the facility reported zero detainees in segregated housing for risk of sexual victimization or who alleged to have suffered sexual abuse.

Detainees who Reported Sexual Abuse

At the time of the on-site audit, the facility reported zero detainees who had reported sexual abuse.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency has established a policy to protect all detainees and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other detainees or staff. Moreover the agency/facility has designated staff members or departments are charged with monitoring retaliation. The monitoring is in place for 90 days unless an extension is warranted. The Retaliation Monitor verified this.

The facility designated a Behavioral Health Counselor as the Retaliation Monitor.

Superintendent Memorandum, PREA Retaliation Monitor, dated 1/01/24 confirmed this information.

The following policies address this provision:

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28, 4, a, indicates anyone who retaliates against a staff member or an offender who has reported an allegation of Sexual Abuse or Sexual Harassment or who has participated in a subsequent investigation shall be subject to disciplinary action.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, b, indicates the Department shall protect offenders and staff members who report Sexual Abuse or Sexual Harassment from retaliation. The Warden/Superintendent shall designate a staff member to serve as the facility Retaliation Monitor and identify them as such in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan. Multiple protection measures include offender housing changes or transfers, removal of alleged staff member or offender abusers from contact with victims, and emotional support services for offenders or staff members who fear retaliation for reporting or for cooperating with investigations.

Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, c, indicates the designated Retaliation Monitor shall, for at least 90 days following a report of abuse, monitor the conduct and treatment of offenders or staff members who reported the Sexual Abuse or who participated in an investigation to see if there are any changes that may suggest possible retaliation, and will act promptly to remedy any such retaliation.

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

i. This monitoring will include review of any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff members. The monitor shall make periodic in-person status checks as well. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each offender monitored. The original shall be kept in a master file by the monitor and a copy placed in the SART investigation file upon completion.

ii. This monitoring will include negative performance reviews or reassignments of staff members. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each employee monitored. The original shall be kept in a master file by the monitor.

iii. Such monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The obligation for monitoring will terminate if the Allegation is Unfounded.

Provision (b)

The facility reported on the PAQ that the agency/facility employs multiple protection measures, such as housing changes or transfers for detainee victims or abusers, removal of alleged staff or detainee abusers from contact with victims, and emotional support services for detainees or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The Facility Head verified this.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, b, indicates the Department shall protect offenders and staff members who report Sexual Abuse or Sexual Harassment from retaliation. The Warden/Superintendent shall designate a staff member to serve as the facility Retaliation Monitor and identify them as such in Attachment 7, PREA Local Procedure Directive and Coordinated Response Plan. Multiple protection measures include offender housing changes or transfers, removal of alleged staff member or offender abusers from contact with victims, and emotional support services for offenders or staff members who fear retaliation for reporting or for cooperating with investigations.

Provision (c)

The facility reported on the PAQ that the agency/facility monitors the conduct or treatment of detainees or staff who reported sexual abuse and of detainees who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by detainees or staff. This monitoring continues for 90 days unless an extension is warranted. Further the facility reported on the PAQ that there were zero instances of retaliation in the past twelve months. The Retaliation Monitor verified this.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 28-29, 4, c, indicates the designated Retaliation Monitor shall, for at least 90 days following a report of abuse, monitor the conduct and treatment of offenders or staff members who reported the Sexual Abuse or who participated in an investigation to see if there are any changes that may suggest possible retaliation, and will act promptly to remedy any such retaliation.

Provision (d)

The facility reported on the PAQ that in the case of detainees, retaliation monitoring includes periodic status checks. The Retaliation Monitor verified this.

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

- i. This monitoring will include review of any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of staff members. The monitor shall make periodic in-person status checks as well. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each offender monitored. The original shall be kept in a master file by the monitor and a copy placed in the SART investigation file upon completion.
- ii. This monitoring will include negative performance reviews or reassignments of staff members. Attachment 8, Retaliation Monitoring Checklist, shall be completed for each employee monitored. The original shall be kept in a master file by the monitor.
- iii. Such monitoring shall continue beyond 90 days if the initial monitoring indicates a continuing need. The obligation for monitoring will terminate if the Allegation is Unfounded.

Provision (e)

The facility reported on the PAQ that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency/facility shall take appropriate measures to protect that individual against retaliation. The Retaliation Monitor verified this.

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

Provision (f)

The Auditor is not required to audit this provision.

CONCLUSION

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

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

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

INTERVIEWS

Facility Head or Designee

During the interview process the Facility Head confirmed the abuser or victim can be moved to another facility if needed. The facility exhausts all options prior to placing a victim of sexual abuse in segregated housing. In the unlikely event of an involuntary segregated housing assignment is made, the facility affords each such detainee a review every 30 days to determine whether there is a continuing need for separation from the general population. Further detainees are allowed to participate in programs, education, and work while being housed in segregation for protection as a sexual abuse victim, consistent with safety and security needs.

Staff who Supervise Detainees in Segregated Housing

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

Detainees in Segregated Housing for Risk of Sexual Abuse

At the time of the on-site audit, the facility reported zero detainees in segregated housing for risk of sexual victimization or who alleged to have suffered sexual abuse.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency has a policy prohibiting the placement of detainees who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from abusers. In the past twelve months zero detainees were held involuntarily for one to 24 hours awaiting completion of assessment. In the past twelve months zero detainees were held involuntarily for longer than 30 days awaiting alternative placement. Segregated Housing Staff verified this.

The facility reported on the PAQ if an involuntary segregated housing assignment is made, the facility affords each such detainee a review every 30 days to determine

whether there is a continuing need for separation from the general population. The Facility Head verified this.

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

a. Offenders placed in segregation will receive services in accordance with SOP 209.06, Administrative Segregation.

b. The facility shall assign such offenders to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days.

c. If offenders placed in segregated housing for this purpose have restricted access to programs, privileges, education, or work opportunities, then the facility shall document: 1) the opportunities that have been limited, 2) the duration of the limitation, and 3) the reasons for such limitations.

d. Every 30 days, the facility shall conduct and document a review for each such offender to determine whether there is a continuing need for separation from the general population.

CONCLUSION

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

115.71

Criminal and administrative agency investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

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

2022

INTERVIEWS

PREA Coordinator (PC) Interview

During the interview process the PC indicated 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. Additionally, most of the detainee information is stored permanently in their SCRIBE database.

Facility Head or Designee Interview

Through the interview process the Facility Head reported in the past twelve months there were zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution.

PREA Compliance Manager (PCM) Interview

Through the interview process the PCM indicated the agency ensures that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation.

Investigative Staff Interviews

During the interview process the investigator indicated:

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

confirmed if the case appears to be criminal Miranda warnings are given to the person(s)

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

Detainees Who Reported Sexual Abuse

At the time of the onsite audit, there were not any detainees who reported sexual abuse assigned to the facility. Consequently, no detainees could be interviewed for this provision.

PROVISIONS

Provision (a)

The facility reported on the PAQ that the GDC has a policy related to criminal and administrative investigations. This was verified by the investigative staff during the interview process.

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

Provision (b)

The facility reported on the PAQ that where sexual abuse is alleged, the agency uses investigators who have received specialized training in sexual abuse investigations. The investigative staff verified this during the interview process.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective

date 6/23/2022, indicates investigations involving allegations of sexual abuse shall be conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan.

Provision (c)

The facility reported on the PAQ that investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators interview alleged victims, suspected perpetrators, and witnesses. Investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator. The investigative staff verified this during the interview process.

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

Provision (d)

The facility reported on the PAQ that when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The investigative staff verified this during the interview process.

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

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

Provision (e)

The facility reported on the PAQ that 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 detainee or staff. The agency investigates allegations of sexual abuse without requiring a detainee who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding. The investigative staff verified this during the interview process.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 31, 8, c, indicates the credibility of the victim, suspect, or witness shall be assessed on an individual basis and will not be determined by the person's status as offender or staff member. An offender who alleges Sexual Abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Provision (f)

The facility reported on the PAQ that administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations document in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The investigative staff verified this during the interview process.

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

Provision (g)

The facility reported on the PAQ that criminal investigations are documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where possible. The investigative staff verified this during the interview process.

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

Provision (h)

The facility reported on the PAQ that in the past twelve months there were zero substantiated allegations of conduct that appear to be criminal that were referred for prosecution. This was confirmed by the facility head designee during the interview process.

Provision (i)

The facility reported on the PAQ that 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. This was verified by the PREA Coordinator (PC) during the interview process.

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

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

Provision (j)

The facility reported on the PAQ that the agency ensures that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation. This was verified by the PREA Compliance Manager (PCM) during the interview process.

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

Provision (k)

The Auditor Is not required to audit this provision.

Provision (l)

The facility reported on the PAQ that when outside agencies investigate sexual abuse, the facility will cooperate with the outside investigators and shall endeavor to remain informed about the progress of the investigation. However, as stated earlier, the agency does not have an outside agency or outside investigators whose job it is to investigate PREA allegations. The agency conducts all investigations administrative and criminal within the facility/agency. The investigative staff verified this during the interview process.

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

	<p>CONCLUSION</p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding criminal and administrative agency investigations.</p>
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115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>DOCUMENT REVIEW</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p>INTERVIEW</p> <p>Investigative Staff Interview</p> <p>Through the interview process investigative staff relayed that:</p> <ul style="list-style-type: none"> • during an investigation, all available evidence is collected (from the victim, from the perpetrator, from the scene; interviews; etc.). • the GDC imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. <p>PROVISIONS</p> <p>Provision (a)</p> <p>The facility reported on the PAQ 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. The investigative staff confirmed this.</p> <p>The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 30, G, 5, indicates no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.</p>

CONCLUSION

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

115.73 Reporting to inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

- Pre-Audit Questionnaire (PAQ) and supporting documentation.
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022
- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 3, GDC PREA Disposition Offender Notification Form.
- Random Sample of PREA Investigations
- PREA Chart

INTERVIEWS

Investigative Staff Interview

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

Facility Head or Designee Interview

Through the interview process the Facility Head acknowledged when a detainee alleges that a staff member has committed sexual abuse against a detainee, if the allegation is substantiated, we will inform the detainee whenever:

- the staff member is no longer in the detainee’s housing unit;
- the staff member is no longer employed at the facility;

- the Department learns that the staff member has been arrested on a charge related to sexual abuse within the facility; or
- the Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
- All allegations against staff in the past twelve months have been unfounded.
- When there is a substantiated detainee-on-detainee allegation of sexual abuse, we notify the detainee (victim) when the detainee (abuser) has been indicted, charged or convicted of the sexual abuse.

Detainees Who Reported Sexual Abuse

At the time of the onsite audit, there were not any detainees who reported sexual abuse assigned to the facility. Consequently, no detainees could be interviewed for this provision.

PROVISIONS

Provision (a)

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

The facility reported on the PAQ that there were three criminal and/or administrative investigations of alleged detainee sexual abuse that were completed by the agency/facility in the past 12 months. Each of these three detainees were notified via SOP 208.60 Attachment 3, of the outcome of the investigation. Investigative Staff verified this.

The policy that relates to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 33, G, 17, indicates following the close of an administrative investigation into an offender's allegation that he or she suffered Sexual Abuse or Sexual Harassment in a Department facility, the Warden/Superintendent shall ensure the offender is notified as to whether the Allegation has been determined to be Substantiated, Unsubstantiated, Unfounded, Unsubstantiated-forwarded to OPS, Substantiated-forwarded to OPS, or not PREA. This will be completed by a member of the local SART unless appointing authority delegates to another designee. In the event an allegation is forwarded to OPS for investigation, the facility shall also notify the offender of the outcome of the OPS investigation upon completion. Such notifications or attempted notifications shall be documented on Attachment 3, PREA Disposition Offender Notification Form. The Department's obligation to report under this standard shall terminate if the offender is released from the Department's custody.

Provision (b)

This provision is not applicable. An outside entity does not conduct any PREA investigations. The agency/facility is responsible for conducting all administrative and criminal investigations of PREA allegations. The investigative staff verified this.

Provision (c)

The facility reported on the PAQ that following a detainee's allegation that a staff member has committed sexual abuse against the detainee, the facility shall subsequently inform the detainee (unless the allegation has been determined to be unfounded or unsubstantiated) whenever:

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

The Facility Head verified this.

The facility reported on the PAQ that there has not been zero substantiated and one unsubstantiated complaints of sexual abuse committed by a staff member against a detainee in the past 12 months. The unsubstantiated allegation was referred to OPS for further investigation. After criminal investigation prosecution was declined. The Facility Head verified this

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

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

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

During the document review the Auditor found that there was one detainee-on-detainee sexual abuse allegation. After investigation it was deemed unfounded. The remaining two sexual abuse allegations were staff-on-detainee. After investigation one was deemed unfounded and one was deemed unsubstantiated. The

unsubstantiated allegation was referred to OPS for further investigation. After criminal investigation prosecution was declined.

Provision (d)

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

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

the alleged assailant has been convicted on a charge related to sexual abuse within the unit. The Facility Head Designee confirmed this.

During the document review the Auditor found that one detainee-on-detainee sexual abuse allegation was deemed unfounded after investigation. One staff-on-detainee sexual abuse allegation was deemed unfounded after investigation. One staff-on-detainee sexual abuse allegation was deemed unsubstantiated after investigation. The unsubstantiated allegation was referred to OPS for further investigation. After criminal investigation prosecution was declined.

Provision (e)

The facility reported on the PAQ that in the past twelve months three detainees were provided notification, in writing, of the outcome of sexual abuse investigations and one detainees was provided notification, in writing, of a sexual harassment investigation outcome.

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

During the document review the Auditor found that all victims had been notified of the investigation outcomes for their allegations.

Provision (f)

Auditors are not required to audit this provision.

CONCLUSION

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

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

INTERVIEW

Facility Head or Designee Interview

Through the interview process the Facility Head indicated:

- All staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment or sexual misconduct policies.
- In the past twelve months, there were zero staff who have violated agency sexual abuse or sexual harassment or sexual misconduct policies.
- In the previous twelve months there had been zero terminations or resignations of staff for violation of the agency's sexual abuse or sexual harassment or sexual misconduct policies.
- The presumptive disciplinary sanction for staff who have engaged in sexual abuse is termination.

PROVISIONS

Provision (a)

The facility reported on the PAQ that facility staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. This was confirmed through the interview process with the Facility Head.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 33, H, 1, a, indicates staff members who engage in sexual abuse with an offender shall be banned from correctional institutions and subject to disciplinary action, with termination being the presumptive discipline, and may also be referred for criminal prosecution when appropriate.

Provision (b)

The facility reported on the PAQ that in the past 12 months, there was one staff from the

facility who have violated agency sexual abuse or sexual harassment policies. The facility reported on the PAQ in the past twelve months there were zero staff terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. This was verified through the interview process with the Facility Head. During informal conversations, the Facility head stated this particular staff member eventually resigned over a different, non-PREA related allegation after learning he was being demoted from Sergeant to C.O.I.

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

Provision (c)

The facility reported on the PAQ that the disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. Additionally, in the past 12 months there was one staff from the facility who were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). This was confirmed through the interview process with the Facility Head. The Facility Head reported the staff member was in the process of an adverse action.

The policy that aligns with this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 33, H, 1, b, indicates disciplinary sanctions for violations of Department policy related to Sexual Harassment will be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff members with similar histories.

Provision (d)

The facility reported on the PAQ that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. Additionally, in the past 12 months, there were zero staff members from the facility who were reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. This was confirmed through the interview process with the Facility Head.

The policy that addresses this provision is Georgia Department of Correction (GDC),

Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 1, c, indicates all terminations for violations of the Department Sexual Abuse or Sexual Harassment policies, or resignations by staff members that would have been terminated if not for their resignation shall be reported to law enforcement agencies, unless the activity was clearly not criminal. These shall also be reported, as required, to the Georgia Peace Officers Standards and Training Council (POST).

CONCLUSION

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

115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 <p><u>INTERVIEWS</u></p> <p>Facility Head or Designee Interview</p> <p>During the interview process the Facility Head acknowledged during the previous twelve months there had been zero contractors or volunteers reported to law enforcement agencies and/or relevant licensing bodies for engaging in sexual abuse of detainees. Further there had been zero volunteers or contractors reported to law enforcement for engaging in sexual abuse of detainees.</p> <p><u>PROVISIONS</u></p> <p>Provision (a)</p> <p>The facility reported on the PAQ that the agency policy requires that any contractor or</p>

volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Further any contractor or volunteer who engages in sexual abuse is prohibited from contact with detainees. However, in the past twelve months zero contractors and zero volunteers have been reported to law enforcement agencies and/or relevant licensing bodies for engaging in sexual abuse of detainees. The Facility Head verified this.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, 2, indicates any contractor or volunteer who engages in Sexual Abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact with offenders in the case of any other violation of Department Sexual Abuse or Sexual Harassment policies by a contractor or volunteer.

Provision (b)

The facility reported on the PAQ that the facility takes appropriate remedial measures and considers whether to prohibit further contact with detainees in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The Facility Head verified this.

According to the PAQ the facility has had no remedial measures against a contractor or a volunteer to prohibit further contact with detainees due to a violation of agency sexual abuse or harassment policies, in the past twelve months. The Facility Head verified this.

CONCLUSION

Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding corrective action for contractors and volunteers.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually

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

INTERVIEWS

Facility Head or Designee Interview

Through the interview process the Facility Head indicated:

- GDC prohibits sexual activity between detainees.
- There were zero administrative findings of detainee-on-detainee sexual abuse that occurred at the facility in the past twelve months.
- There were zero criminal findings of guilt for detainee-on-detainee sexual abuse that occurred at the facility.
- Detainees are disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- Disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred is prohibited.

Medical and Mental Health Staff Interview

Through the interview process medical and mental health staff stated the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The facility considers whether to require the offending detainee to participate in such interventions as a condition of access to programming and other benefits.

PROVISIONS

Provision (a)

The facility reported on the PAQ that:

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

The Facility Head verified this.

This provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act

(PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 3, a, indicates the Department prohibits all consensual sexual activity between offenders, and offenders may be subject to disciplinary action for such activity. Consensual (non-coerced) sexual activity between offenders does not constitute sexual abuse but is considered a disciplinary issue. Note: All instances of sexual contact between offenders will be treated as non-consensual unless proven otherwise during an investigation.

This provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 3, b, indicates offenders shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-to-offender sexual harassment, offender-to-offender sexual abuse, or a criminal finding of guilt for offender-to-offender sexual abuse. These sanctions shall be imposed in accordance with SOP 209.01, Offender Discipline.

Provision (b)

The facility reported on the PAQ that sanctions are commensurate with the nature and circumstances of the abuse committed, the detainee's disciplinary history, and the sanctions imposed for comparable offenses by other detainees with similar histories. The Facility Head verified this.

This provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 35, H, 3, c, indicates sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

Provision (c)

The facility reported on the PAQ that when determining what types of sanction, if any, should be imposed, the disciplinary process considers whether an detainee's mental disabilities or mental illness contributed to his or her behavior. This was verified with the Facility Head through the interview process.

This provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 35, H, 3, d, indicates the disciplinary process shall consider whether the offender's mental disabilities or mental illness contributed to behavior when determining what type of sanction, if any, will be imposed. See SOP 508.18, Mental Health Discipline Procedures.

Provision (d)

The facility reported on the PAQ that it offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending detainee to participate in such interventions as a condition of access to programming and other benefits. This was verified through the interview process with medical and mental health staff.

This provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 35, H, 3, e, indicates if the facility offers therapy, counseling, or other interventions to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to offer or require the perpetrator to participate in such interactions as a condition of access to programming or other benefits.

Provision (e)

The facility reported on the PAQ that the agency disciplines detainee for sexual conduct with staff only upon finding that the staff member did not consent to such contact. This was verified with the Facility Head through the interview process.

This provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 35, H, 3, f, indicates an offender may be disciplined for sexual contact with a staff member only upon a finding that the staff member did not consent to such contact.

Provision (f)

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

This provision is supported by Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 35, H, 3, g, indicates for the purposes of a disciplinary action, a report of Sexual Abuse made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

Provision (g)

The PAQ indicates the agency prohibits all sexual activity between detainees and deems such activity to constitute sexual abuse only if it determines that the activity is coerced. This was verified with the Facility Head through the interview process.

This provision is supported by Georgia Department of Correction (GDC), Standard

	<p>Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 34, H, 3, a, indicates the Department prohibits all consensual sexual activity between offenders, and offenders may be subject to disciplinary action for such activity. Consensual (non-coerced) sexual activity between offenders does not constitute Sexual Abuse but is considered a disciplinary issue. Note: All instances of sexual contact between offenders will be treated as non-consensual unless proven otherwise during an investigation.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding disciplinary sanctions for detainees.</p>
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115.81	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Reference Number: VH82-0001, Informed Consent, effective date 4/01/02 <p><u>INTERVIEWS</u></p> <p>Medical and Mental Health Staff Interviews</p> <p>Through the interview process medical and mental health staff acknowledged they obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting unless the detainee is under the age of 18. Detainees are offered a follow-up meeting with a mental health professional, within 14-days of intake, if the screening indicates the detainee is at substantial risk for victimization, aggressiveness or has a history of victimization.</p> <p>Risk Screening Staff Interview</p> <p>Through the interview process staff who conduct intake screenings confirmed all medical and mental health records are contained in a separate and secure database.</p>

This database is accessed only through medical or mental health staff, and information is only provided to classification and high-level staff on a need-to-know basis.

Detainees who Disclosed Prior Victimization Interviews

At the time of the on-site audit, the facility reported there were zero detainees who had disclosed prior victimization. Consequently no detainees were interviewed in relation to this standard.

PROVISIONS

Provision (a)

The facility reported on the PAQ that all detainees who disclosed any prior sexual victimization during a screening are offered a follow-up meeting with a medical or mental health practitioner. The referral is made within 24 hours and the follow up meeting is within 14-days of intake screening. Medical and mental health services staff document all encounters with detainees.

This was verified during the interview process with medical and mental health staff.

The policy related to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 7, indicates offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior, or detainees that are alleged victims or aggressors of a Sexual Harassment or Sexual Abuse allegation, must be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening. Staff must complete Attachment 14, PREA Counseling Referral Form.

Provision (b)

The facility reported on the PAQ that all detainees who have previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner. The meeting is as soon as possible, but no later than 14 days from the time the staff becomes aware of the predatory behavior. Mental health staff maintain logs of all mental health service encounters. This information was verified through the interview process with mental health staff. The facility reported there were zero detainees who fell into this category at the time of the on-site audit. Consequently, none could be interviewed.

The policy that addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 7, indicates offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior, or detainees that are alleged victims or aggressors of a Sexual Harassment or Sexual Abuse allegation, must be offered a follow-up meeting with medical and

mental health counseling within 14 days of the screening. Staff must complete Attachment 14, PREA Counseling Referral Form.

Provision (c)

This provision is not applicable because the facility is not a jail.

Provision (d)

The facility reported on the PAQ that information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to informing security and management decisions, including treatment plans, housing, beds, work, education, and program assignments, or as otherwise required by federal, state or local law. This was verified through the interview process with Risk Screening Staff.

Provision (e)

The facility reported on the PAQ that medical and mental health professionals obtain informed consent prior to reporting information about prior sexual victimization that did not occur in an institutional setting unless the detainee is under the age of 18. This was verified by medical and mental health staff during the interview process.

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

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

CONCLUSION

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

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

INTERVIEWS

Medical and Mental Health Staff Interviews

Through the interview process, medical staff reported that upon arriving at medical after a report of sexual assault, a detainee will get a cursory examination by the physician to provide feedback for use of SART or if the detainee should be immediately transported to a hospital due to the nature of his injuries. If the SART is utilized, before leaving the facility, the nurse will provide 'recommendations' for treatment and care. The facility physician will complete the orders. As part of the process, the detainee receives information about sexually transmitted infection prophylaxis and other necessary care information. Further, medical and mental health staff reported treatment is provided immediately and is based on their professional judgment. Medical and mental health staff work together to ensure the detainee receives the appropriate treatment. Information about and access to emergency contraception and sexually transmitted diseases prophylaxis, is offered in accordance with professionally accepted standards of care and where medically appropriate.

Detainees Who Reported Sexual Abuse Interviews

At the time of the onsite audit, there were no detainees in the facility who had reported abuse. Consequently, no detainees could be interviewed for this standard.

First Responders (Security)

During the interview process security first responders indicated that their primary responsibility is to protect the victim, notify the appropriate medical and mental health practitioners and preserve evidence.

First Responders (Non-Security)

During the interview process the non-security first responders said that their primary responsibility was to protect the victim, notify security first responders and stay with the victim until the security first responders arrived.

PROVISIONS

Provision (a)

The facility reported on the PAQ that detainee victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. This was verified during the interview process with medical staff. Additionally, the Auditor reviewed records of detainees who alleged sexual abuse and in each case the detainee was offered a referral to medical and mental health within the appropriate time.

The facility reported on the PAQ that medical and mental health practitioners determine the nature and scope of such services according to their professional judgment. The medical and mental health staff document the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Medical and mental health staff verified this.

The policy related to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, I, indicates the Department shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR § 115 and in accordance with SOP 507.04.85, Informed Consent and SOP 507.04.91, Medical Management of Suspected Sexual Assault.

Provision (b)

The facility reported on the PAQ that if no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, security staff first responders take preliminary steps to protect the victim. Then immediately notify the appropriate medical and mental health practitioners. This was verified during the interview process with first responders.

The policy which addresses this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, I, indicates the Department shall provide prompt and appropriate medical and mental health services in compliance with 28 CFR § 115 and in accordance with SOP 507.04.85, Informed Consent and SOP 507.04.91, Medical Management of Suspected Sexual Assault.

Provision (c)

The facility reported on the PAQ that detainee victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. This was verified through the interview process with medical staff.

As previously stated, medical and mental health staff reported during interviews that

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

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

Provision (d)

The facility reported in the PAQ that 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. This was verified through the interview process with medical staff.

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

CONCLUSION

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

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually

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

- Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective date 5/3/2018

INTERVIEWS

Medical and Mental Health Staff Interviews

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

Medical and mental health staff offer medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse.

Medical and mental health staff provide victims with medical and mental health services consistent with the community level of care.

Medical and mental health staff acknowledged treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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

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

Mental Health staff indicated through the interview process that a mental health evaluation of all known detainee-on-detainee abusers is attempted within 60 days of learning of such abuse history. Treatment is offered when deemed appropriate and beneficial.

Medical Staff indicated through the interview process that detainee victims of sexual abuse, while incarcerated, are offered tests for sexually transmitted infections as medically appropriate.

Detainees Who Reported Sexual Abuse Interviews

At the time of the onsite audit, there were no detainees in the facility who had reported abuse. Consequently, no detainees could be interviewed for this standard.

PROVISIONS

Provision (a)

The facility reported on the PAQ that it offers medical and mental health evaluation and, as appropriate, treatment to all detainees who have been victimized by sexual abuse. This was verified by medical and mental health staff during the interview process.

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

The policy that relates to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 508.22, Mental Health Management of Suspected Sexual Abuse or Sexual Harassment, effective date 5/3/2018, pp.3-4, 3, indicates offenders stating that they have been subjected to Sexual Abuse, Sexual Misconduct, or Sexual Harassment will be treated in a professionally sensitive and non-judgmental manner. Mental health staff will perform an initial evaluation to assess the emotional impact of the alleged incident victim within one business day, or sooner if deemed an emergency. This is NOT an investigation but a clinical evaluation. The mental health staff person who performs the initial evaluation will not participate in the investigation process, to include documentation of witness statements or incident reports, unless the staff member directly witnessed the alleged violation. Mental health staff will not be involved in determining guilt or innocence, truth or falsehood. Staff will make no judgment regarding whether the reported incident occurred or not but will refer the person for an appropriate mental health evaluation, treatment, and interventions as clinically indicated.

Provision (b)

The facility reported on the PAQ that 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. This was verified by medical and mental health staff during the interview process.

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

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

Documentation and records reviewed supported attentiveness to follow-up services and treatment plans. The files demonstrated detailed and professional notes on the

evaluations conducted by medical and mental health staff and their follow-up appointments with detainees. Follow-up consisted of routine detainee visits with medical and mental health staff.

Provision (c)

The facility reported on the PAQ that it provides victims with medical and mental health services consistent with the community level of care. This was verified by medical and mental health staff during the interview process.

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

Provision (d)

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

Provision (e)

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

Provision (f)

The facility reported on the PAQ that detainee victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. This was verified through the interview process with medical staff.

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

Provision (g)

The facility reported on the PAQ that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Medical staff confirmed this.

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

	<p>Provision (h)</p> <p>The facility reported on the PAQ that it attempts to conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. This was verified through the interview process with the mental health staff.</p> <p>The policy that addresses this is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 25, D, 7, indicates offenders whose screenings indicate they have experienced prior sexual victimization or have a history of sexually assaultive behavior, or detainees that are alleged victims or aggressors of a Sexual Harassment or Sexual Abuse allegation, must be offered a follow-up meeting with medical and mental health counseling within 14 days of the screening. Staff must complete Attachment 14, PREA Counseling Referral Form.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding ongoing medical and mental health care for sexual abuse victims.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW:</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, attachment 9, Sexual Abuse Incident Review (SAIR) Checklist <p><u>INTERVIEWS</u></p> <p>Facility Head Interview</p> <p>During the interview process the Facility Head acknowledged the members of the</p>

Sexual Abuse Incident Review Team are executive level, upper-level management and cross many departments. The Facility Head expressed the facility's commitment to consider and incorporate recommendations from team members.

PREA Compliance Manager (PCM) Interview

During the interview process the PCM indicated the report from the Sexual Abuse Incident Review team is submitted to the PCM and the Facility Head. Additionally, the PCM confirmed the SAIR meets monthly to review PEA allegations.

Sexual Abuse Incident Review Team (SAIR) Interview

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

Members of the SAIR team indicated the team considers all criteria listed in this standard, as required by PREA policy. The report from the Sexual Abuse Incident Review team is submitted to the Facility Head and the PCM.

PROVISIONS

Provision (a)

The facility reported on the PAQ that it conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation unless the allegation has been determined to be unfounded. The facility reported in the past twelve months there was one criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. This was verified during the interview process with the Facility Head.

The Auditor reviewed three sexual abuse investigation files. There were two unfounded allegations and one unsubstantiated allegation. The unsubstantiated allegation had a SAIR conducted within 30 days of the investigation completion.

The policy that addresses this is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, J, 1, indicates the facility SAIRT shall conduct a Sexual Abuse incident review within 30 days of the conclusion of every Substantiated and Unsubstantiated Sexual Abuse investigation to review and assess the facility's PREA prevention, detection, and response efforts as stipulated in Attachment 9, Sexual Abuse Incident Review Checklist. Reviews are not necessary for harassment Allegations or incidents with a disposition of Unfounded or not PREA.

Provision (b)

The facility reported on the PAQ the facility ordinarily conducts a sexual abuse incident review (SAIR) within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The facility reported in the past twelve months, there was one criminal and/or administrative investigations of alleged sexual

abuse completed at the facility that were followed by a SAIR within 30 days, excluding only "unfounded" incidents.

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

Provision (c)

The facility reported on the PAQ the SAIR includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. This was verified during the interview process with the Facility Head.

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

An administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review.

Provision (d)

The facility reported on the PAQ that it prepares a report of its findings from sexual abuse incident reviews including, but not necessarily limited to, determinations made pursuant to this section and any recommendations for improvement, and submits such report to the Facility Head and PREA Compliance Manager. This was verified during the interview process with the PCM.

This policy addresses this provision, Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates the facility SAIRT shall conduct a Sexual Abuse incident review within 30 days of the conclusion of every Substantiated and Unsubstantiated Sexual Abuse investigation to review and assess the facility's PREA prevention, detection, and response efforts as stipulated in Attachment 9, Sexual Abuse Incident Review Checklist. Reviews are not necessary for harassment Allegations or incidents with a disposition of Unfounded or not PREA.

Provision (e)

The facility reported on the PAQ that it implements the recommendations of the SAIR, for improvement or documents its reasons for not doing so. This was verified during

	<p>the interview process with the Facility Head.</p> <p>The policy that addresses this is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates an administrative review shall be completed for all alleged sexual abuse and staff sexual harassment incidents, unless determined to be unfounded. The Warden shall obtain input from the security supervisors, investigators, and medical or mental health practitioners when completing the review. The review team shall include upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners; and the unit shall implement recommendations that result from the review or document the reasons for not doing so. Approval for any improvements must receive approval from the GDC.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding sexual abuse incident reviews.</p>
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115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • 2021 Survey of Sexual Victimization (SSV2) <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC) Interview</p> <p>Through the interview process the PC indicated upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30th. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. The agency obtains incident based and aggregated data from every private facility with which it contracts for the confinement of its detainees.</p>

PREA Compliance Manager (PCM) Interview

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

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PC verified this.

The policy which addresses this provision is Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, 2, a, indicates each facility shall submit a report to the Department's PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator's office. This form shall be submitted by e-mail no later than the third calendar day of the month following the reporting month. All allegations investigated within the month shall be included in this report along with the appropriate disposition. The monthly report shall be completed in accordance with the Facility PREA Log User Guide.

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

Provision (b)

The facility reported on the PAQ that the agency aggregates incident-based sexual abuse data at least annually. This was verified by the PC during the interview process. The Auditor reviewed the most recent Annual PREA Report.

The policy that addresses this provision is Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 37, 2, c, indicates the Department shall review data collected and aggregated of all Sexual Abuse allegations in order to improve staff performance, identify problem areas, and improve facility operations and offender sexual safety. The Department shall publish the data in an annual report, comparing each years' data, and provide an assessment of progress in addressing offender Sexual Abuse. It shall make this publicly available on its website.

Provision (c)

The facility reported on the PAQ the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. This was verified by the PC during the interview process.

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

Provision (d)

The facility reported on the PAQ the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. This was verified through the interview process with the PC.

The policy that addresses this provision is Georgia Department of Correction (GDOC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, p. 36, 2, a, indicates each facility shall submit a report to the Department's PREA Analyst each month using the electronic spreadsheet provided from the PREA Coordinator's office. This form shall be submitted by e-mail no later than the third calendar day of the month following the reporting month. All allegations investigated within the month shall be included in this report along with the appropriate disposition. The monthly report shall be completed in accordance with the Facility PREA Log User Guide.

Provision (e)

On the PAQ the facility reported that the agency obtains incident based and aggregated data from every private facility with which it contracts for the confinement of its detainees. This was verified through the interview process with the PC.

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

	<p>Provision (f)</p> <p>On the PAQ the facility reported the agency provides the Department of Justice with data from the previous calendar year upon request. This was verified through the interview process with the PC.</p> <p>The Auditor reviewed the most recent SSV2 submitted by the agency.</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of the available evidence, the Auditor has determined that the agency/facility meets every provision of the standard regarding Data Collection.</p>
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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) and supporting documentation. • Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022 • Most Recent Survey of Sexual Victimization (Form SSV-2) • Most Recent PREA Annual Data Report • Website Address for GDC http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA <p><u>INTERVIEWS</u></p> <p>Agency Head or Designee Interview</p> <p>Through the interview process the Agency Head Designee reported the annual report includes a comparison of the current year's data and corrective actions with those from prior years. PREA annual report are on our agency website http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA</p> <p>The purpose of the annual report is to capture the facilities and the agency as whole are keeping our detainees and staff safe from sexual victimization. It assists us in locating problem areas as quickly as possible. It also helps us to take corrective action on an ongoing basis.</p> <p>Facility Head or Designee Interview</p>

Through the interview process, the Facility Head acknowledged the facility PREA committee reviews each allegation, and that information is provided to the PC for the annual review.

PREA Coordinator (PC) Interview

Through the interview process, the PC indicated the agency reviews data collected pursuant to 115.87 and assesses the effectiveness of the sexual abuse prevention, detection and response policies, practices, and training. The agency prepares an annual report and posts the information on the website. The PC continued by stating that the only information redacted from the agency report is personal identifying information. All other information is included in the annual report.

PREA Compliance Manager

Through the interview process, the PCM indicated that most PREA information can be found on the agency website.

PROVISIONS

Provision (a)

On the PAQ the facility reported the agency reviews data collected and aggregated pursuant to §115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole

The PC verified this.

The policy related to this provision is Georgia Department of Correction (GDC), Standard Operating Procedures (SOP), Policy Number: 208.06, Prison Rape Elimination Act (PREA) Sexually Abusive Behavior Prevention and Intervention Program, effective date 6/23/2022, indicates the PC shall review data collected to assess and improve the effectiveness of appropriate GDC policies and procedures. The PC shall prepare a report on each institution for the Commissioner identifying problem areas, suggesting corrective action, and providing comparisons from the previous year's data reports.

Provision (b)

The facility reported on the PAQ, the annual report includes a comparison of the current year's data and corrective actions with those from prior years. This was verified by the Agency Head Designee through the interview process.

The Auditor reviewed the most recent PREA annual report and found it to follow the PREA standards, including a comparison to the findings in previous reports to assess progress in addressing sexual abuse. This annual report can be located at

<http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

Provision (c)

The PAQ indicates the agency makes its annual report readily available to the public at least annually through its website.

As required by standard, the GDC places all annual reports on its website, accessible for public view. <http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA> allows access to the GDC PREA webpage, which contains each annual report.

The Agency Head Designee verified this.

Provision (d)

The facility reported on the PAQ when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. This was verified by the PC during the interview process.

The PC indicated that the agency reviews data collected pursuant to 115.87 while only redacting personal identifying information. All other information is included in the annual report.

CONCLUSION

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

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

DOCUMENT REVIEW

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

INTERVIEWS

PREA Coordinator (PC) Interview

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

During the interview process the PC indicated the agency reviews data collected pursuant to 115.87, and that the only information redacted from the agency report is personal identifying information. Most information related to detainees is kept permanently in the SCRIBE database

PROVISIONS

Provision (a)

The facility reported on the PAQ that the agency ensures incident-based and aggregate data is securely retained. This was verified by the PC during the interview process.

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

Provision (b)

The facility reported on the PAQ that the 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 GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at

<http://www.gdc.ga.gov/Divisions/ExecutiveOperations/PREA>

This was verified by the PC during the interview process.

Provision (c)

The facility reported on the PAQ that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. This was verified by the PC during the interview process.

Provision (d)

The facility reported on the PAQ that the agency maintains sexual abuse data collected for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. The facility further indicated most detainee information is kept permanently in the SCRIBE database. This was verified by the PC during the interview process.

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

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

The Auditor reviewed data from previous years, as required by the PREA compliance standard. Reports were posted as mandated.

CONCLUSION

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

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>DOCUMENT REVIEW</u></p> <ul style="list-style-type: none"> Georgia Department of Corrections publicly accessible website: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea <p><u>INTERVIEWS</u></p> <p>PREA Coordinator (PC) Interviews</p> <p>During the interview process the PC indicated this audit was in the second year of the new current three-year audit cycle. GDC webpage https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.</p>

The PC reported each facility within the GDC had been audited within the previous three-year audit cycle (2019 2022).

Random Detainee Interviews

Through the interview process all detainees reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.

PROVISIONS

Provision (a)

The current audit cycle is 2022 - 2025. Copies of all audit reports are on the GDC website for public information and review. GDC PREA webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: <https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

Provision (b)

The Auditor learned this audit was in the second year of the new current three-year audit cycle. GDC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards.

Provision (c)

N/A

Provision (d)

N/A

Provision (e)

N/A

Provision (f)

N/A

Provision (g)

N/A

Provision (h)

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

Provision (i)

	<p>At all times throughout the audit process, GDC and the facility provided the Auditor with all requested information in a timely and complete manner.</p> <p>Provision (j)</p> <p>N/A</p> <p>Provision (k)</p> <p>N/A</p> <p>Provision (l)</p> <p>N/A</p> <p>Provision (m)</p> <p>The Auditor was provided with a secure, private space to conduct all interviews during the on-site portion of the audit.</p> <p>Provision (n)</p> <p>Through the interview process all (100%) detainees reported they were provided the opportunity to send out confidential mail or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>Provision (o)</p> <p>N/A</p> <p><u>CONCLUSION</u></p> <p>Based upon the review and analysis of all the available evidence, the Auditor has determined the agency/facility meets every provision of the standard regarding frequency and scope of audits.</p>
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115.403	<p>Audit contents and findings</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>DOCUMENT REVIEW</p> <p>Georgia Department of Corrections publicly accessible website: https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea</p> <p><u>PROVISIONS</u></p>
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Provision (f)

The GDC webpage provides multiple reports relative to sexual abuse data from the various facilities in accordance with PREA standards. Data can be accessed at: Georgia Department of Corrections publicly accessible website:
<https://gdc.georgia.gov/organization/about-gdc/research-and-reports-0/prison-rape-elimination-act-prea>

CONCLUSION

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	na
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

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

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

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

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	no
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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